# Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Desc Main Document Page 1 of 62

| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| DISTRICT OF NEBRASKA                            | -                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |  |  |
|-----|--|---|--|--|
|     |  | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.  | Your full name   |   |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Taylor First name  Marie Middle name  Jacobi Last name and Suffix (Sr., Jr., II, III) |  | Justin First name  Randall Middle name  Jacobi  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | FKA Taylor Marie White  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-5048   |  | xxx-xx-6974  |

Debtor 1 Taylor Marie Jacobi
Debtor 2 Justin Randall Jacobi

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |  |
|----|--|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |  |  |
| 5. | Where you live   | 330185 County Rd E  | If Debtor 2 lives at a different address:   |  |  |  |  |
|    |  | Minatare, NE 69356  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |  |
|    |  | Scotts Bluff  |   |  |  |  |  |
|    |  | County  | County  |  |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |  |
|    |  |   |   |  |  |  |  |

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Debtor 2 Justin Randall Jacobi Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Taylor Marie Jacobi** 

Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Desc Main Document Page 4 of 62 Debtor 1 **Taylor Marie Jacobi** Debtor 2 **Justin Randall Jacobi** Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ☐ No. of any full- or part-time Go to Part 4. business? Name and location of business Yes. A sole proprietorship is a business you operate as **Taylor Jacobi Book Sales** an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC. 330185 County Road E If you have more than one Minatare, NE 69356 sole proprietorship, use a Number, Street, City, State & ZIP Code separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard?

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Taylor Marie Jacobi

Debtor 2 Justin Randall Jacobi

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Desc Main Document Page 6 of 62

**Taylor Marie Jacobi** Debtor 1 Debtor 2 Justin Randall Jacobi Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for □ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Taylor Marie Jacobi /s/ Justin Randall Jacobi Taylor Marie Jacobi Justin Randall Jacobi Signature of Debtor 1 Signature of Debtor 2 Executed on November 18, 2019 Executed on November 18, 2019 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 | Taylor Marie Jacobi   | · ·                    |  |
|----------|-----------------------|------------------------|--|
| Debtor 2 | Justin Randall Jacobi | Case number (if known) |  |
|          |                       | -                      |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Owen I           | Hathaway               | Date          | November 18, 2019      |
|----------------------|------------------------|---------------|------------------------|
| Signature of         | Attorney for Debtor    |               | MM / DD / YYYY         |
| Owen Hat             | haway                  |               |                        |
| Deighan L            | aw LLC                 |               |                        |
| 135A W. S<br>Suite 1 | wallow Rd.             |               |                        |
| Fort Collin          | ns, CO 80525           |               |                        |
| Number, Street,      | City, State & ZIP Code |               |                        |
| Contact phone        | 970-818-3052           | Email address | owen@ohlawcolorado.com |
| 22507 NE             |                        |               |                        |
| Bar number & S       | tate                   |               | <del></del>            |

| Fill in this informa | ation to identify your | case:                |           |                                   |  |
|----------------------|------------------------|----------------------|-----------|-----------------------------------|--|
| Debtor 1             | Taylor Marie Jaco      | bi                   |           |                                   |  |
|                      | First Name             | Middle Name          | Last Name |                                   |  |
| Debtor 2             | Justin Randall Ja      | cobi                 |           |                                   |  |
| (Spouse if, filing)  | First Name             | Middle Name          | Last Name |                                   |  |
| United States Bank   | cruptcy Court for the: | DISTRICT OF NEBRASKA |           |                                   |  |
| Case number          |                        |                      |           |                                   |  |
| (if known)           |                        |                      |           | ☐ Check if this is amended filing |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own |
|-----|--|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 91,400.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 18,814.88                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 110,214.88               |
| Pa  | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | iabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 98,516.24                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 97,916.13                |
|     | Your total liabilities   | \$          | 196,432.37               |
| Pa  | t 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,536.57                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 5,545.97                 |
| ⊃a: | Answer These Questions for Administrative and Statistical Records  |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

|          |                       | Docur | mont | Page 9 of 62           |  |
|----------|-----------------------|-------|------|------------------------|--|
|          | Taylor Marie Jacobi   | Docui | ПСП  | rage 9 01 02           |  |
| Debtor 2 | Justin Randall Jacobi |       |      | Case number (if known) |  |

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 7,329.71 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following:   |      |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 6,093.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 6,093.00 |

|                  | Case                           | : 19-41950-T                                 | LS Doc 1              |           |          | l 11/22/<br>ment              |         |                                       | nter<br>10 |         |         | 2/19     | 12:      | 28:02       | 1 D        | es    | c Main                                      |
|------------------|--------------------------------|--|-----------------------|-----------|----------|-------------------------------|---------|---------------------------------------|------------|---------|---------|----------|----------|-------------|------------|-------|---|
| Fill in          | this inforn                    | nation to identify                           | your case and th      | is filing | ıg:      |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| Debto            | or 1                           | Taylor Marie                                 | Jacobi                |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| <b>5</b>         | •                              | First Name                                   |                       | Name      |          |                               | La      | st Nam                                | е          |         |         |          |          |             |            |       |   |
| Debto<br>(Spouse | or 2<br>e, if filing)          | Justin Rand                                  |                       | Name      |          |                               | La      | st Nam                                | e          |         |         |          | _        |             |            |       |   |
|                  |                                | nkruptcy Court for                           | the: DISTRICT         | OE NEI    | BD       | VCKV                          |         |                                       |            |         |         |          |          |             |            |       |   |
| Office           | u States Da                    | Tikrupicy Court for                          | the. Diotition        | 01 1121   |          | AOIVA                         |         |                                       |            |         |         |          | _        |             |            |       |   |
| Case             | number _                       |  |                       |           |          |                               |         |                                       |            |         |         |          |          |             | l          |       | Check if this is an                         |
|                  |                                |  |                       |           |          |                               |         |                                       |            |         |         |          |          | ]           |            |       | amended filing                              |
| ٠                | .:                             | 400 A /D                                     |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| _                |                                | <u>rm 106A/B</u>                             | =                     |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| <u>Scl</u>       | hedul                          | <u>e A/B: Pr</u>                             | roperty               |           |          |                               |         |                                       |            |         |         |          |          |             |            |       | 12/15                                       |
| nink it          | fits best. B                   | eparately list and de<br>e as complete and a | accurate as possibl   | e. If two | o ma     | arried peop                   | ole are | e filing                              | j togetl   | her, bo | th are  | equal    | ly resp  | onsible     | for sup    | plyi  | ng correct                                  |
|                  | ation. If more<br>r every ques | e space is needed, a<br>tion.                | attach a separate s   | heet to t | this     | form. On t                    | the to  | p of a                                | ny addi    | itional | pages   | , write  | your     | name an     | nd case    | nun   | nber (if known).                            |
| Part 1           | Describe                       | Each Residence, Bu                           | uilding Land or Ot    | her Real  | ıl Fe    | state You O                   | )wn o   | r Have                                | an Int     | orast   | n       |          |          |             |            |       |   |
|                  |                                |  |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| . Do y           | you own or n                   | nave any legal or eq                         | uitable interest in a | iny resid | aen      | ce, building                  | g, ıan  | a, or s                               | similar    | prope   | rty?    |          |          |             |            |       |   |
|                  | No. Go to Par                  | t 2.   |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| Y                | es. Where is                   | s the property?                              |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
|                  |                                |  |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
|                  |                                |  |                       | 140       |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
| 1.1              | 330185 Cc                      | ounty Road E                                 |                       | _         | _        | the proper                    | -       |                                       | that app   | oly     |         | Do       | ot doe   | luat agai   | urad alain | ma a  | or exemptions. But                          |
| _                |                                | if available, or other des                   | cription              |           |          | Single-family<br>Duplex or mi |         |                                       | dina       |         |         | the      | amoun    | t of any    | secured    | clair | or exemptions. Put ms on <i>Schedule D:</i> |
|                  |                                |  |                       |           | _        | Condominiur                   |         |                                       | •          |         |         | Cre      | ditors V | Vho Hav     | e Claim    | s Se  | cured by Property.                          |
|                  |                                |  |                       | _         | -<br>7 k | /lanufacture                  | ed or n | nohile                                | home       |         |         |          |          |             |            |       |   |
| ı                | Minatare                       | NE   | 69350-0000            |           |          | and                           | ou or n | HODIIC                                | Home       |         |         |          |          | lue of the  | he         |       | rrent value of the rtion you own?           |
| _                | City                           | State  | ZIP Code              |           | -        | nvestment p                   | proper  | rty                                   |            |         |         | 0        |          | 91,400      | .00        | ρυ.   | \$91,400.00                                 |
|                  |                                |  |                       |           | _ `      | imeshare                      |         |                                       |            |         |         | Des      | cribe t  | he natu     | re of vo   | ur o  | wnership interest                           |
|                  |                                |  |                       | \         |          | Other                         | -4 ! 4  | · · · · · · · · · · · · · · · · · · · |            |         |         | (suc     | h as f   |             | le, tena   |       | by the entireties, or                       |
|                  |                                |  |                       | wno       | -        | s an interes<br>Debtor 1 only |         | tne pro                               | operty     | Check   | one     | <b>u</b> | o osta   | .c), ii kii | OWII.      |       |   |
| ;                | Scottsblut                     | ff County                                    |                       |           | _        | Debtor 2 only                 | ,       |                                       |            |         |         | -        |          |             |            |       |   |
| (                | County                         |  |                       |           |          | Debtor 1 and                  | d Deb   | tor 2 o                               | nly        |         |         | _        | Chec     | r if this   | is comn    | nuni  | ity property                                |
|                  |                                |  |                       |           | ] /      | t least one                   | of the  | debto                                 | rs and     | anothe  | er      | Ц        |          | structions  |            | Iuiii | ity property                                |
|                  |                                |  |                       |           |          | formation y                   | -       |                                       |            | bout t  | his ite | m, suc   | h as lo  | cal         |            |       |   |
|                  |                                |  |                       |           |          | ence:                         |         | Turribo                               |            |         |         |          |          |             |            |       |   |
|                  |                                |  |                       |           |          |                               |         |                                       |            |         |         |          |          |             |            |       |   |
|                  |                                |  |                       |           |          |                               |         |                                       |            |         |         |          |          | 1           |            |       |   |
|                  |                                | ar value of the po                           |                       |           |          |                               |         |                                       |            |         |         |          | es for   |             |            |       | \$91,400.00                                 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

|                  | lustin Randall Jacobi   |   | Case number (if known) |   |
|------------------|---|---|------------------------|---|
| Cars, vans  □ No | , trucks, tractors, sport utility ve                                  | hicles, motorcycles   |                        |   |
| Yes              |   |   |                        |   |
| 3.1 Make:        | Ford  | Who has an interest in the property? Check one  |                        | claims or exemptions. Put red claims on Schedule D:                               |
| Model:           | Escape  | Debtor 1 only   | Creditors Who Have Cla | ims Secured by Property.  |
| Year:            | 2017  | ■ Debtor 2 only   | Current value of the   | Current value of the  |
| Approxi          | mate mileage: 73000   | ☐ Debtor 1 and Debtor 2 only  | entire property?       | portion you own?  |
|                  | formation:  | At least one of the debtors and another   |                        |   |
| Vehicl           | e:  | ☐ Check if this is community property (see instructions)  | \$12,775.00            | \$12,775.00   |
| 3.2 Make:        | Chrysler  | Who has an interest in the property? Check one  |                        | claims or exemptions. Put red claims on Schedule D:                               |
| Model:           | Town & Country  | ■ Debtor 1 only   |                        | nims Secured by Property.   |
| Year:            | 2008  | Debtor 2 only   | Current value of the   | Current value of the  |
| Approxi          | mate mileage: 185000  | Debtor 1 and Debtor 2 only  | entire property?       | portion you own?  |
| Other in         | formation:  | ☐ At least one of the debtors and another   |                        |   |
| Vehicl           | e:  | ☐ Check if this is community property (see instructions)  | \$2,450.00             | \$2,450.00  |
| 3.3 Make:        | Chevrolet   | Who has an interest in the property? Check one  |                        | claims or exemptions. Put   |
| Model:           | 1500  | Debtor 1 only   |                        | ed claims on Schedule D: nims Secured by Property.                                |
| Year:            | 2001  | Debtor 2 only   | Current value of the   | Current value of the  |
| Approxi          | mate mileage: 233000  | Debtor 1 and Debtor 2 only  | entire property?       | portion you own?  |
| Other in         | formation:  | At least one of the debtors and another   |                        |   |
| Vehicl           | e: Not running  | ☐ Check if this is community property (see instructions)  | \$300.00               | \$300.00  |
|                  |   | d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycle |                        |   |
|                  |   | n for all of your entries from Part 2, including  |                        | \$15,525.00   |
| D                | the Very Descriptional Herman and Herman                              |   |                        |   |
|                  | ibe Your Personal and Household Ite or have any legal or equitable in | terest in any of the following items?   |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples:        | I goods and furnishings<br>Major appliances, furniture, linens        | , china, kitchenware  |                        |   |
| ■ Yes. De        |   |   |                        |   |
|                  | Household goo   | ds and furniture  |                        | \$1,400.0   |

Official Form 106A/B Schedule A/B: Property page 2

Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Page 12 of 62 Document **Taylor Marie Jacobi** Debtor 1 Debtor 2 Justin Randall Jacobi Case number (if known) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$175.00 Electronics: 2 TVs, Xbox 360 console, iPad mini 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... \$80.00 Sports-Hobby: Sewing machine, fabric 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$100.00 Firearms: SCCY 9mm CPX-1 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$500.00 Household clothing Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe.....

12. Jewelry

□ No

Jewelry: .06 ct Diamond Necklace/Sterling Silver

\$15.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$2,270.00

Part 4: Describe Your Financial Assets

| Debtor 1<br>Debtor 2    | Justin Randa                                 |   | Case number (if known)  |  |
|-------------------------|--|---|---|--|
|                         |  |   | Do no   | on you own? ot deduct secured s or exemptions. |
| 16. <b>Cash</b><br>Exan |  | ave in your wallet, in your l                         | home, in a safe deposit box, and on hand when you file your petition  |  |
|                         | S  |   |   |  |
|                         |  |   | counts; certificates of deposit; shares in credit unions, brokerage houses, and the with the same institution, list each.                       | d other similar                                |
| □ No<br>■ Yes           | S  |   | Institution name:   |  |
|                         |  | 17.1.   | Checking Account: US Bank   | \$14.14  |
|                         |  | 17.2.   | Checking Account: Chase   | \$0.00   |
|                         |  | r publicly traded stocks<br>nvestment accounts with b | prokerage firms, money market accounts  |  |
| Yes                     | S  | Institution or issue                                  | er name:  |  |
|                         |  | Other: Investm  | ent Account from money given to son - Jaiden SoFi   | \$538.37                                       |
|                         |  | Other: Investm  | ent Account from money given to son - Jayce SoFi  | \$117.37                                       |
| joint                   | publicly traded sto<br>venture               | ck and interests in incor                             | porated and unincorporated businesses, including an interest in an LLC  | ે, partnership, and                            |
| ■ No<br>□ Yes           | s. Give specific info                        | rmation about them<br>Name of entity:                 |   |  |
| Nego                    | otiable instruments ii                       | nclude personal checks, c                             | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. |  |
|                         | s. Give specific infor                       | mation about them<br>Issuer name:                     |   |  |
|                         | ement or pension and apples: Interests in IR |   | , 403(b), thrift savings accounts, or other pension or profit-sharing plans   |  |
| ■ Yes                   | s. List each account                         | separately. Type of account:                          | Institution name:   |  |
|                         |  | Simple IRA  | Retirement: American Funds  | \$350.00                                       |
| Your<br>Exan            |  | deposits you have made                                | so that you may continue service or use from a company<br>t, public utilities (electric, gas, water), telecommunications companies, or othe     | ers  |
| ■ No<br>□ Yes           | S  |   | Institution name or individual:   |  |
| ■ No                    | •  | a periodic payment of mo                              | ney to you, either for life or for a number of years)   |  |

|     | ebtor 1<br>ebtor 2 | Justin Randall Jacobi  | Case number (if known)                                     |   |
|-----|--------------------|--|--|---|
| 24. |                    | s in an education IRA, in an account in a qualified ABL . §§ 530(b)(1), 529A(b), and 529(b)(1).  | ∟E program, or under a qualified state tuition progran     | n.  |
|     | ■ No □ Yes         | Institution name and description. Separately   | y file the records of any interests.11 U.S.C. § 521(c):    |   |
| 25. | _                  | equitable or future interests in property (other than ar   | nything listed in line 1), and rights or powers exercisa   | able for your benefit   |
|     | ■ No<br>□ Yes. 0   | Give specific information about them   |  |   |
| 26. |                    | copyrights, trademarks, trade secrets, and other interes: Internet domain names, websites, proceeds from roya                            |  |   |
|     | _                  | Give specific information about them   |  |   |
| 27. |                    | s, franchises, and other general intangibles<br>es: Building permits, exclusive licenses, cooperative asso                               | ociation holdings, liquor licenses, professional licenses  |   |
|     | ☐ Yes. (           | Give specific information about them   |  |   |
| M   | oney or p          | roperty owed to you?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu<br>■ No   | ands owed to you   |  |   |
|     | ☐ Yes. G           | Sive specific information about them, including whether yo   | ou already filed the returns and the tax years             |   |
| 29. | ■ No               | support es: Past due or lump sum alimony, spousal support, child sive specific information   | support, maintenance, divorce settlement, property settle  | ement   |
| 30. |                    | mounts someone owes you<br>es: Unpaid wages, disability insurance payments, disabilit<br>benefits; unpaid loans you made to someone else | ty benefits, sick pay, vacation pay, workers' compensation | on, Social Security   |
|     | _                  | Give specific information  |  |   |
| 31. |                    | s in insurance policies<br>es: Health, disability, or life insurance; health savings acc   | count (HSA); credit, homeowner's, or renter's insurance    |   |
|     | Yes. N             | lame the insurance company of each policy and list its va<br>Company name:   | alue.<br>Beneficiary:                                      | Surrender or refund value:  |
|     |                    | Insurance: 30 Year Term - Am<br>General Life Insurance Compa   |  | \$0.00  |
| 32. | If you a           | erest in property that is due you from someone who have the beneficiary of a living trust, expect proceeds from a see has died.          |  | property because  |
|     | ■ No<br>□ Yes. 0   | Give specific information  |  |   |
| 33. |                    | against third parties, whether or not you have filed a les: Accidents, employment disputes, insurance claims, or                         |  |   |
|     | ■ No □ Yes. I      | Describe each claim  |  |   |
|     |                    |  |  |   |

Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Desc Main Page 15 of 62 Document **Taylor Marie Jacobi** Debtor 1 Debtor 2 Justin Randall Jacobi Case number (if known) 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No  $\square$  Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1.019.88 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

| Part | 8: List the Totals of Each Part of this Form              |             |                              |             |
|------|---|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                         |             |                              | \$91,400.00 |
| 56.  | Part 2: Total vehicles, line 5                            | \$15,525.00 |                              |             |
| 57.  | Part 3: Total personal and household items, line 15       | \$2,270.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                   | \$1,019.88  |                              |             |
| 59.  | Part 5: Total business-related property, line 45          | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52 | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54          | + \$0.00    |                              |             |
| 62.  | Total personal property. Add lines 56 through 61          | \$18,814.88 | Copy personal property total | \$18,814.88 |

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$110,214.88

|                     |                          | LAMAIII.           |           |                                      |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:              |           |                                      |
| Debtor 1            | Taylor Marie Jaco        | obi                |           |                                      |
|                     | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2            | Justin Randall Ja        | ıcobi              |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEBRAS | KA        |                                      |
| Case number         |                          |                    |           |                                      |
| (if known)          |                          |                    |           | ☐ Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption    |
|--|--------------------------------------|-----------------------------------|---|---------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                       |
| 330185 County Road E Minatare, NE<br>69350 Scottsbluff County County                   | \$91,400.00                          |                                   | \$11,302.76   | Neb. Rev. Stat. §§ 40-101 -<br>40-118 |
| Residence: Line from Schedule A/B: 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
| 2008 Chrysler Town & Country<br>185000 miles   | \$2,450.00                           |                                   | \$2,450.00  | Neb. Rev. Stat. § 25-1556(1)(e)       |
| Vehicle:<br>Line from Schedule A/B: 3.2  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
| 2001 Chevrolet 1500 233000 miles<br>Vehicle: Not running                               | \$300.00                             |                                   | \$300.00  | Neb. Rev. Stat. § 25-1552(1)          |
| Line from Schedule A/B: 3.3  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
| Household goods and furniture  | \$1,400.00                           |                                   | \$1,400.00  | Neb. Rev. Stat. § 25-1556(1)(c)       |
| Zino nom osinodalo 702. ett  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
| Electronics: 2 TVs, Xbox 360 console, iPad mini  | \$175.00                             |                                   | \$175.00  | Neb. Rev. Stat. § 25-1556(1)(c)       |
| Line from Schedule A/B: 7.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |

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Justin Randall Jacobi Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Sports-Hobby: Sewing machine, Neb. Rev. Stat. § 25-1556(1)(c) \$80.00 \$80.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Firearms: SCCY 9mm CPX-1 Neb. Rev. Stat. § 25-1552(1) \$100.00 \$100.00 Line from Schedule A/B: 10.1 П 100% of fair market value, up to any applicable statutory limit Household clothing Neb. Rev. Stat. § 25-1556(1)(b) \$500.00 \$500.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit Jewelry: .06 ct Diamond Neb. Rev. Stat. § 25-1552(1) \$15.00 \$15.00 **Necklace/Sterling Silver** Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking Account: US Bank** Neb. Rev. Stat. § 25-1552(1) \$14.14 \$14.14 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Other: Investment Account from** Neb. Rev. Stat. § 25-1552(1) \$538.37 \$538.37 money given to son - Jaiden SoFi Line from Schedule A/B: 18.1 100% of fair market value, up to any applicable statutory limit Other: Investment Account from Neb. Rev. Stat. § 25-1552(1) \$117.37 \$117.37 money given to son - Jayce SoFi Line from Schedule A/B: 18.2 100% of fair market value, up to any applicable statutory limit Simple IRA: Retirement: American Neb. Rev. Stat. § 25-1563.01 \$350.00 \$350.00 Funds Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Insurance: 30 Year Term - American Neb. Rev. Stat. § 44-371 \$0.00 \$0.00 **General Life Insurance Company** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Taylor Marie Jacobi

Debtor 1

|                                       |                            | Document                                       | Page 1          | 8 of 62                                |                          |                      |
|---------------------------------------|----------------------------|--|-----------------|--|--------------------------|----------------------|
| Fill in this inform                   | ation to identify you      | ur case:                                       |                 |  |                          |                      |
| Debtor 1                              | Taylor Marie Ja            | cohi   |                 |  |                          |                      |
| Debior 1                              | First Name                 | Middle Name                                    | Last Name       |  |                          |                      |
| Debtor 2                              | Justin Randall             | Jacobi   |                 |  |                          |                      |
| (Spouse if, filing)                   | First Name                 | Middle Name                                    | Last Name       |  |                          |                      |
| United Ctates Dan                     | Jew matery Court for the   | . DISTRICT OF NERRASKA                         |                 |  |                          |                      |
| United States Bar                     | kruptcy Court for the      | : DISTRICT OF NEBRASKA                         |                 |  |                          |                      |
| Case number                           |                            |  |                 |  |                          |                      |
| (if known)                            |                            |  |                 |  | ☐ Check                  | if this is an        |
|                                       |                            |  |                 |  | amend                    | led filing           |
|                                       |                            |  |                 |  | _                        |                      |
| Official Form                         | 106D                       |  |                 |  |                          |                      |
| Schedule                              | D. Creditors               | Who Have Claims S                              | Secure          | d by Property                          | ,                        | 12/15                |
| oci icaaic                            | D. Orcartors               | , who have draining a                          |                 | a by 1 toperty                         | <u> </u>                 | 12/10                |
|                                       |                            | If two married people are filing togethe       |                 |  |                          |                      |
| s needed, copy the number (if known). | Additional Page, till it   | out, number the entries, and attach it to      | o this form. (  | On the top of any addition             | al pages, write your na  | ne and case          |
| , ,                                   | have claims secured b      | v vour property?                               |                 |  |                          |                      |
|                                       |                            |  | aabadulaa N     | Vou hous nothing slee to               | renert on this form      |                      |
| ino. Check                            | this box and submit t      | his form to the court with your other s        | scriedules.     | rou nave nothing else to               | report on this form.     |                      |
| Yes. Fill in                          | all of the information     | below.   |                 |  |                          |                      |
| Part 1: List All                      | Secured Claims             |  |                 |  |                          |                      |
| 2 List all secured o                  | claims If a creditor has a | more than one secured claim, list the cred     | litor senarate  | Column A                               | Column B                 | Column C             |
|                                       |                            | s a particular claim, list the other creditors |                 | Amount of claim                        | Value of collateral      | Unsecured            |
| much as possible, lis                 | st the claims in alphabeti | ical order according to the creditor's name    | <b>.</b> .      | Do not deduct the value of collateral. | that supports this claim | portion              |
| 2.1 US Bank                           |                            | Describe the property that secures the         | ne claim:       | \$80,097.24                            | \$91,400.00              | If any <b>\$0.00</b> |
| Creditor's Name                       |                            | 330185 County Road E Minat                     |                 | Ψου,σοτιΣ-τ                            | Ψο 1, ποσίου             | Ψ0.00                |
|                                       |                            | 69350 Scottsbluff County Co                    |                 |  |                          |                      |
| Attn. Bonk                            | runtov                     | Residence:                                     |                 |  |                          |                      |
| Attn: Bank<br>800 Nicolle             |                            | As of the date you file, the claim is: 0       | heck all that   |  |                          |                      |
|                                       | is, MN 55402               | apply.   |                 |  |                          |                      |
|                                       | City, State & Zip Code     | ☐ Contingent☐ Unliquidated                     |                 |  |                          |                      |
| Number, Street,                       | City, State & Zip Code     | ☐ Disputed                                     |                 |  |                          |                      |
| Who owes the del                      | bt? Check one              | Nature of lien. Check all that apply.          |                 |  |                          |                      |
| Debtor 1 only                         |                            | _  |                 | a a ura d                              |                          |                      |
| Debtor 2 only                         |                            | An agreement you made (such as m<br>car loan)  | lorigage or se  | ecurea                                 |                          |                      |
| ■ Debtor 1 and De                     | htor 2 only                | ☐ Statutory lien (such as tax lien, mecl       | hanic's lien)   |  |                          |                      |
| _                                     | e debtors and another      | ☐ Judgment lien from a lawsuit                 | iariio o iiori, |  |                          |                      |
| _                                     |                            | <b>–</b> Š                                     |                 |  |                          |                      |
| ☐ Check if this cla<br>community del  |                            | ☐ Other (including a right to offset)          |                 |  |                          |                      |
|                                       |                            |  |                 |  |                          |                      |
| Date debt was incu                    | rred 04/14/2017            | Last 4 digits of account numb                  | er <u>6224</u>  |  |                          |                      |
|                                       |                            |  |                 |  |                          |                      |
| 2.2 Wells Farg                        | jo Auto                    | Describe the property that secures the         | ne claim:       | \$18,419.00                            | \$12,775.00              | \$5,644.00           |
| Creditor's Name                       |                            | 2017 Ford Escape 73000 mile                    | es              |  |                          |                      |
|                                       |                            | Vehicle:                                       |                 |  |                          |                      |
| Attn: Bank                            |                            | As of the date you file, the claim is: 0       | Shook all that  |  |                          |                      |
| P.O. Box 1                            |                            | apply.   | HECK all that   |  |                          |                      |
| Irvine, CA                            | 92623                      | ☐ Contingent                                   |                 |  |                          |                      |
| Number, Street,                       | City, State & Zip Code     | ☐ Unliquidated                                 |                 |  |                          |                      |
|                                       |                            | Disputed                                       |                 |  |                          |                      |
| Who owes the del                      | ot? Check one.             | Nature of lien. Check all that apply.          |                 |  |                          |                      |
| Debtor 1 only                         |                            | An agreement you made (such as m               | ortgage or se   | ecured                                 |                          |                      |
| Debtor 2 only                         |                            | car loan)                                      |                 |  |                          |                      |
| ■ Debtor 1 and De                     | btor 2 only                | ☐ Statutory lien (such as tax lien, med        | nanic's lien)   |  |                          |                      |
| ☐ At least one of th                  | e debtors and another      | ☐ Judgment lien from a lawsuit                 |                 |  |                          |                      |
| ☐ Check if this cla                   |                            | ☐ Other (including a right to offset) _        |                 |  |                          |                      |
| community del                         | ot                         |  |                 |  |                          |                      |
| Date debt was incu                    | rred 12/29/2016            | Last 4 digits of account numb                  | er 5552         |  |                          |                      |

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| Debtor 1 | Taylor Marie Jacobi |                              |                                    | Case number (if known) |   |
|----------|---------------------|------------------------------|------------------------------------|------------------------|---|
|          | First Name          | Middle Name                  | Last Name                          | _                      |   |
| Debtor 2 | Justin Rand         | lall Jacobi                  |                                    |                        |   |
|          | First Name          | Middle Name                  | Last Name                          |                        |   |
|          |                     |                              |                                    |                        |   |
|          |                     |                              |                                    |                        |   |
| Add the  | dollar value of y   | our entries in Column A on   | this page. Write that number here: | \$98,516.24            | 1 |
|          | the last page of    | your form, add the dollar va | lue totals from all pages.         | \$98,516.24            |   |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                       |   | Document  | Page 20           | of 62                                |                |                           |
|-----------------------|---|---|-------------------|--------------------------------------|----------------|---------------------------|
| Fill in th            | is information to identify your ca  | se:   |                   |                                      |                |                           |
| Debtor 1              | Taylor Marie Jacob  | i   |                   |                                      |                |                           |
|                       | First Name  | Middle Name   | Last Name         |                                      |                |                           |
| Debtor 2              |   |   |                   |                                      |                |                           |
| (Spouse if,           | filing) First Name  | Middle Name   | Last Name         |                                      |                |                           |
| United S              | States Bankruptcy Court for the:  | DISTRICT OF NEBRASKA  |                   |                                      |                |                           |
| Case nu               | mber  |   |                   |                                      |                |                           |
| (if known)            |   |   |                   |                                      |                | Check if this is an       |
|                       |   |   |                   |                                      | а              | mended filing             |
| Officio               | J Form 1065/5   |   |                   |                                      |                |                           |
|                       | <u>ıl Form 106E/F</u><br>dule E/F: Creditors Wh   | a Hava Uncasurad  | Claima            |                                      |                | 12/15                     |
|                       | nplete and accurate as possible. Use  |   |                   | A COLOR DE LA MONT                   | DIODITY I      |                           |
| chedule<br>eft. Attac | G: Executory Contracts and Unexpire D: Creditors Who Have Claims Secur h the Continuation Page to this page. case number (if known).  List All of Your PRIORITY Unserting The Contract of the | ed by Property. If more space is<br>If you have no information to rep | needed, copy t    | he Part you need, fill it out, n     | umber the en   | tries in the boxes on the |
|                       | ny creditors have priority unsecured  |   |                   |                                      |                |                           |
| _                     | o. Go to Part 2.  | uguo. you .   |                   |                                      |                |                           |
|                       |   |   |                   |                                      |                |                           |
|                       | es.   |   |                   |                                      |                |                           |
| Part 2:               | List All of Your NONPRIORITY  | Unsecured Claims  |                   |                                      |                |                           |
| 3. Do a               | ny creditors have nonpriority unsecu  | red claims against you?   |                   |                                      |                |                           |
| ПΝ                    | o. You have nothing to report in this part  | . Submit this form to the court with                                  | your other sche   | dules.                               |                |                           |
| <b>■</b> Y            | es.   |   |                   |                                      |                |                           |
| / List                | all of your nonpriority unsecured clair   | ns in the alphabetical order of th                                    | a craditar who    | holds each claim. If a gradito       | r has mare the | on one pennierity         |
| unse                  | cured claim, list the creditor separately for one creditor holds a particular claim, list   | or each claim. For each claim listed                                  | , identify what t | ype of claim it is. Do not list clai | ms already ind | cluded in Part 1. If more |
|                       |   |   |                   |                                      |                | Total claim               |
| 4.1                   | American Express  | Last 4 digits of acc  | ount number       | 8833                                 |                | \$3,566.00                |
|                       | Nonpriority Creditor's Name   |   |                   |                                      |                |                           |
|                       | Correspondence/Bankruptcy   | WII   |                   | Opened 12/16 Last A                  | ctive          |                           |
|                       | Po Box 981540<br>El Paso, TX 79998  | When was the debt   | incurred?         | 9/24/19                              |                | =                         |
| _                     | Number Street City State Zip Code   | As of the date you  | file, the claim i | s: Check all that apply              |                |                           |
| ,                     | Who incurred the debt? Check one.   |   |                   |                                      |                |                           |
|                       | Debtor 1 only   | ☐ Contingent  |                   |                                      |                |                           |
|                       | Debtor 2 only   | ☐ Unliquidated  |                   |                                      |                |                           |
|                       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                   |                                      |                |                           |
|                       | $\square$ At least one of the debtors and anoth   | er Type of NONPRIOR   | ITY unsecured     | l claim:                             |                |                           |
|                       | Check if this claim is for a commu  |   |                   |                                      |                |                           |
|                       | debt  |   |                   | ration agreement or divorce tha      | t you did not  |                           |
|                       | Is the claim subject to offset?  ■ No.  | report as priority clai   |                   | g plans, and other similar debts     |                |                           |
|                       | ■ No  | •   | ·                 |                                      |                |                           |
|                       | ☐ Yes   | Other Specify   | Credit Card       |                                      |                |                           |

| 2 Justin Randall Jacobi                       |  | Case number (if known)                          |           |
|---|--|---|-----------|
| Bank of America                               | Last 4 digits of account number                            | 6439  | \$4,929.0 |
| Nonpriority Creditor's Name                   |  | Data Onemad: 04/42/2047 Last                    |           |
| P.O. Box 982238<br>El Paso, TX 79998          | When was the debt incurred?                                | Date Opened: 01/12/2017 Last<br>Used: 07/4/2019 |           |
| Number Street City State Zip Code             | As of the date you file, the claim                         | is: Check all that apply                        |           |
| Who incurred the debt? Check one.             |  |   |           |
| Debtor 1 only                                 | Contingent   |   |           |
| Debtor 2 only                                 | Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only                    | Disputed   |   |           |
| At least one of the debtors and another       | Type of NONPRIORITY unsecure                               | d claim:  |           |
| Check if this claim is for a community        | Student loans  |   |           |
| debt<br>Is the claim subject to offset?       | report as priority claims                                  | aration agreement or divorce that you did not   |           |
| ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts               |           |
| Yes   | Other. Specify credit card                                 |   |           |
| Bank of America                               | Last 4 digits of account number                            | 8443  | \$2,124.0 |
| Nonpriority Creditor's Name                   |  | Data Opanad: 06/8/2017 Last                     |           |
| P.O. Box 982238<br>El Paso, TX 79998          | When was the debt incurred?                                | Date Opened: 06/8/2017 Last<br>Used: 05/1/2019  |           |
| Number Street City State Zip Code             | As of the date you file, the claim                         | is: Check all that apply                        |           |
| Who incurred the debt? Check one.             |  |   |           |
| Debtor 1 only                                 | ☐ Contingent   |   |           |
| Debtor 2 only                                 | ☐ Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only                    | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecure                               | d claim:  |           |
| ☐ Check if this claim is for a community      | ☐ Student loans  |   |           |
| debt  |  | aration agreement or divorce that you did not   |           |
| s the claim subject to offset?                | report as priority claims                                  |   |           |
| No  | Debts to pension or profit-sharir                          | ng plans, and other similar debts               |           |
| Yes   | Other. Specify credit card                                 |   |           |
| Capital One                                   | Last 4 digits of account number                            | 3649  | \$3,095.0 |
| Nonpriority Creditor's Name  Attn: Bankruptcy |  | Opened 12/16 Last Active                        |           |
| Po Box 30285                                  | When was the debt incurred?                                | 6/25/19   |           |
| Salt Lake City, UT 84130                      | _  |   |           |
| Number Street City State Zip Code             | As of the date you file, the claim                         | is: Check all that apply                        |           |
| Who incurred the debt? Check one.             |  |   |           |
| Debtor 1 only                                 | ☐ Contingent   |   |           |
| Debtor 2 only                                 | ☐ Unliquidated   |   |           |
| Debtor 1 and Debtor 2 only                    | ☐ Disputed   |   |           |
| At least one of the debtors and another       | Type of NONPRIORITY unsecure                               |   |           |
| Check if this claim is for a community        | Student loans  |   |           |
| debt<br>Is the claim subject to offset?       | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not   |           |
| No  | Debts to pension or profit-sharir                          | ng plans, and other similar debts               |           |
|   | , ,  | •   |           |
| ☐ Yes   | Other. Specify Credit Card                                 | 1   |           |

|                |  | Document Page 2                          | 2 of 62                                       |            |
|----------------|--|--|---|------------|
| Debto<br>Debto | or 1 Taylor Marie Jacobi Dr 2 Justin Randall Jacobi  |  | Case number (if known)                        |            |
| 4.5            | Chase Card Services  | Last 4 digits of account number          | 6641  | \$5,942.00 |
|                | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850             | When was the debt incurred?              | Opened 12/16 Last Active 6/26/19              |            |
|                | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim       | is: Check all that apply                      |            |
|                | ☐ Debtor 1 only  | ☐ Contingent                             |   |            |
|                | Debtor 2 only  | ☐ Unliquidated                           |   |            |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure | d claim:                                      |            |
|                | At least one of the debtors and another  | Student loans                            | u Claini.                                     |            |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset?             | _  | aration agreement or divorce that you did not |            |
|                | ■ No   | Debts to pension or profit-sharing       | or plans, and other similar debts             |            |
|                | Yes  | ■ Other. Specify Credit Card             |   |            |
| 4.6            | Chase Card Services  | Last 4 digits of account number          | 4591  | \$4,789.00 |
|                | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850             | When was the debt incurred?              | Opened 12/16 Last Active 6/11/19              |            |
|                | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim       |   |            |
|                | Debtor 1 only  | По и                                     |   |            |
|                | ☐ Debtor 2 only  | Contingent                               |   |            |
|                | <u> </u>   | ☐ Unliquidated                           |   |            |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure |   |            |
|                | At least one of the debtors and another  | Student loans                            | d diami.                                      |            |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset?             |  | aration agreement or divorce that you did not |            |
|                | ■ No   | Debts to pension or profit-sharin        | ng plans, and other similar debts             |            |
|                | Yes  | ■ Other. Specify Credit Card             |   |            |
| 4.7            | Chase Card Services  | Last 4 digits of account number          | 2992  | \$630.00   |
|                | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington DE 10850              | When was the debt incurred?              | Opened 04/17 Last Active 11/12/18             |            |
|                | Wilmington, DE 19850  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim       | is: Check all that apply                      |            |
|                | ☐ Debtor 1 only  | ☐ Contingent                             |   |            |
|                | Debtor 2 only  | ☐ Unliquidated                           |   |            |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed                               |   |            |
|                | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure             | d claim:                                      |            |
|                | ☐ Check if this claim is for a community   | ☐ Student loans                          |   |            |

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

|          | or 2 Justin Randall Jacobi   | Case number (if known)  |  |            |  |  |
|----------|--|---|--|------------|--|--|
| 4.8      | Chase Card Services  | Last 4 digits of account number   | 2529   | \$269.00   |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850           | When was the debt incurred?   | Opened 04/17 Last Active 3/01/19             |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |
|          | ☐ Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                                      | ration agreement or divorce that you did not |            |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |
|          | Yes  | Other. Specify Credit Card  | <u> </u>                                     |            |  |  |
| 4.9      | Citibank   | Last 4 digits of account number   | 7530   | \$3,401.00 |  |  |
|          | Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy                        | When was the debt incurred?   | Opened 05/11 Last Active 6/10/19             |            |  |  |
|          | P.O. Box 790034<br>St Louis, MO 63179  |   |  |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |
|          | Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |
|          | $\square$ Check if this claim is for a community   | ☐ Student loans   |  |            |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                                      |  |            |  |  |
|          | No   | Debts to pension or profit-sharin   |  |            |  |  |
|          | ☐ Yes  | ■ Other. Specify Credit Card  |  |            |  |  |
| 4.1      |  |   |  |            |  |  |
| 4.1<br>0 | Citibank Nonpriority Creditor's Name   | Last 4 digits of account number   | 0704   | \$407.00   |  |  |
|          | Attn: Recovery/Centralized<br>Bankruptcy<br>P.O. Box 790034                              | When was the debt incurred?   | Opened 01/17 Last Active 8/01/19             |            |  |  |
|          | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  |  |            |  |  |
|          | ☐ Debtor 1 only  | ☐ Contingent  |  |            |  |  |
|          | ■ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |  |            |  |  |
|          | Is the claim subject to offset?  | report as priority claims   | ,  |            |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |
|          | □Yes   | ■ Other. Specify Credit Card  | <u> </u>                                     |            |  |  |

|          | r 1 Taylor Marie Jacobi<br>r 2 Justin Randall Jacobi  |   | Case number (if known)  |            |  |  |
|----------|---|---|---|------------|--|--|
| 4.1<br>1 | Discover Financial  | Last 4 digits of account number   | 3275  | \$4,596.00 |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 15316 Wilmington, DE 19850 | When was the debt incurred?   | Opened 01/17 Last Active 6/11/19  |            |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                        | As of the date you file, the claim i  | s: Check all that apply   |            |  |  |
|          | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                      | ☐ Disputed  Type of NONPRIORITY unsecured                                     | d claim:  |            |  |  |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?               | _   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |
|          | ■ No □ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card              |   |            |  |  |
|          |   | Other. Specify  |   |            |  |  |
| 4.1<br>2 | Discover Financial Nonpriority Creditor's Name  | Last 4 digits of account number   | 8505  | \$1,189.00 |  |  |
|          | Attn: Bankruptcy Department<br>P.O. Box 15316<br>Wilmington, DE 19850                       | When was the debt incurred?   | Opened 06/13 Last Active 6/21/19  |            |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                         | As of the date you file, the claim i  |   |            |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |            |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa   |   |            |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharin   |   |            |  |  |
|          | Yes   | Other. Specify Credit Card  | <u> </u>  |            |  |  |
| 4.1      | LendingClub  Nonpriority Creditor's Name  | Last 4 digits of account number   | 7567  | \$9,083.00 |  |  |
|          | Attn: Bankruptcy<br>595 Market St, Ste 200<br>San Francisco, CA 94105                       | When was the debt incurred?   | Opened 11/18 Last Active 8/16/19  |            |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                         | As of the date you file, the claim i  | s: Check all that apply   |            |  |  |
|          | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |            |  |  |
|          | ☐ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |   |            |  |  |
|          | Is the claim subject to offset?   | report as priority claims   |   |            |  |  |
|          | No  | Debts to pension or profit-sharin   | g plans, and other similar debts  |            |  |  |
|          | ☐ Yes   | Other. Specify Unsecured  | loan  |            |  |  |

|          | 1 Taylor Marie Jacobi<br>2 Justin Randall Jacobi                                    |   | Case number (if known)                       |            |  |  |  |  |
|----------|---|---|--|------------|--|--|--|--|
| 4        | Medica  | Last 4 digits of account number   | 0002   | \$2,590.27 |  |  |  |  |
|          | Nonpriority Creditor's Name P.O. Box 9310 Mail Stop CW299 IFB Minneapolis, MN 55440 | When was the debt incurred?   |  |            |  |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |  |  |  |
|          | lacksquare At least one of the debtors and another                                  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans   |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |
|          | No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |
|          | Yes   | Other. Specify medical  |  |            |  |  |  |  |
| 4.1<br>5 | Navient   | Last 4 digits of account number   | 0926   | \$2,093.00 |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9640                          | When was the debt incurred?   | Opened 09/11 Last Active 9/30/19             |            |  |  |  |  |
|          | Wilkes-Barre, PA 18773  Number Street City State Zip Code                           | As of the data you file the claim   | C. Charle all that apply                     |            |  |  |  |  |
|          | Who incurred the debt? Check one.   | As of the date you file, the claim  | s: Спеск ан that apply                       |            |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | Disputed  |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another   | d claim:  |  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans   |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                    |  |            |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing  |  |            |  |  |  |  |
|          | □Yes  | Other. Specify  |  |            |  |  |  |  |
|          |   | Educationa  | l  |            |  |  |  |  |
| 4.1<br>6 | Navient Nonpriority Creditor's Name   | Last 4 digits of account number   | 0104   | \$1,693.00 |  |  |  |  |
|          | Attn: Bankruptcy P.O. Box 9640 Wilkes-Barre, PA 18773                               | When was the debt incurred?   | Opened 01/11 Last Active 9/30/19             |            |  |  |  |  |
| -        | Number Street City State Zip Code  Who incurred the debt? Check one.                | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |  |
|          | ■ Debtor 1 only   |   |  |            |  |  |  |  |
|          | ☐ Debtor 2 only   |   |  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  |   |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another   | At least one of the debtors and another  Type of NONPRIORITY unsecured claim: |  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans   |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |
|          | ☐ Yes   | Other. Specify  |  |            |  |  |  |  |
|          |   | Educationa  | l  |            |  |  |  |  |

|          | 1 Taylor Marie Jacobi 2 Justin Randall Jacobi  |   | Case number (if known)                       |            |  |  |  |  |
|----------|--|---|--|------------|--|--|--|--|
| 4.1<br>7 | Navient  | Last 4 digits of account number                                     | 0104   | \$1,180.00 |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9640 Wilkes-Barre, PA 18773                                    | When was the debt incurred?   | Opened 01/11 Last Active 9/30/19             |            |  |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |  |  |
|          | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed  Type of NONPRIORITY unsecured  Student loans            |  |            |  |  |  |  |
|          | Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |
|          | ■ No □ Yes   | ☐ Debts to pension or profit-sharin☐ Other. Specify                 | g plans, and other similar debts             |            |  |  |  |  |
|          | La Tes   | Educationa  | I  |            |  |  |  |  |
| 41       |  |   |  |            |  |  |  |  |
| 4.1<br>8 | Navient  | Last 4 digits of account number                                     | 0926   | \$1,127.00 |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9640 Wilkes-Barre, PA 18773                                    | When was the debt incurred?   | Opened 09/11 Last Active 9/30/19             |            |  |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |  |  |
|          | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only   | ☐ Contingent ☐ Unliquidated ☐ Disputed                              |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another ☐ Check if this claim is for a community                                   | Type of NONPRIORITY unsecured  Student loans                        |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims        |  |            |  |  |  |  |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |            |  |  |  |  |
|          | Yes  | Other. Specify  | <u> </u>                                     |            |  |  |  |  |
|          |  |   | -  |            |  |  |  |  |
| 4.1<br>9 | Orthopaedic Center of the Rockie  Nonpriority Creditor's Name  | Last 4 digits of account number                                     | 0324   | \$344.08   |  |  |  |  |
|          | 2500 East Prospect Rd<br>Fort Collins, CO 80525  | When was the debt incurred?   | 07/1/2019                                    |            |  |  |  |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |  |  |
|          | Debtor 1 only  | ☐ Contingent  |  |            |  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                       | d claim:                                     |            |  |  |  |  |
|          | Check if this claim is for a community debt  |   | ration agreement or divorce that you did not |            |  |  |  |  |
|          | Is the claim subject to offset?  | report as priority claims   | a plane, and other similar 4-bt-             |            |  |  |  |  |
|          | ■ No   | Debts to pension or profit-sharin                                   | y pians, and other similal debts             |            |  |  |  |  |
|          | Yes  | Other. Specify medical  |  |            |  |  |  |  |

| Debtor<br>Debtor | 1 Taylor Marie Jacobi<br>2 Justin Randall Jacobi                                       |  | Case number (if known)                       |            |  |  |  |  |
|------------------|--|--|--|------------|--|--|--|--|
| 4.2              | PayPal/ Synchrony Bank   | Last 4 digits of account number                            | 5380   | \$3,616.00 |  |  |  |  |
|                  | Nonpriority Creditor's Name P.O. Box 965005 Orlando, FL 32896                          | When was the debt incurred?                                |  |            |  |  |  |  |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim                         | is: Check all that apply                     |            |  |  |  |  |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |  |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |  |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                     |            |  |  |  |  |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |  |  |  |  |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |  |
|                  | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |  |  |  |  |
|                  | Yes  | Other. Specify   |  |            |  |  |  |  |
| 4.2              | Rocky Mountain Pediatric Urology   | Last 4 digits of account number                            | 7527   | \$581.66   |  |  |  |  |
|                  | Nonpriority Creditor's Name<br>1601 E 19th Ave<br>Suite 6400                           | When was the debt incurred?                                | 11/30/2018                                   |            |  |  |  |  |
|                  | Denver, CO 80218  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         |  |            |  |  |  |  |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |  |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |  |
|                  | $\square$ At least one of the debtors and another                                      |  | Type of NONPRIORITY unsecured claim:         |            |  |  |  |  |
|                  | $\square$ Check if this claim is for a community                                       | ☐ Student loans  |  |            |  |  |  |  |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims |  |            |  |  |  |  |
|                  | No   | Debts to pension or profit-sharing                         |  |            |  |  |  |  |
|                  | Yes  | Other. Specify medical                                     |  |            |  |  |  |  |
| 4.2              | Synchrony Bank/Gap  Nonpriority Creditor's Name  | Last 4 digits of account number                            | 5380   | \$3,616.00 |  |  |  |  |
|                  | Attn: Bankruptcy Dept P.O. Box 965060 Orlando, FL 32896                                | When was the debt incurred?                                | Opened 04/17 Last Active 6/17/19             |            |  |  |  |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim                         | is: Check all that apply                     |            |  |  |  |  |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |  |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |  |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                     |            |  |  |  |  |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |  |  |  |  |
|                  | debt   |  | ration agreement or divorce that you did not |            |  |  |  |  |
|                  | Is the claim subject to offset?  | report as priority claims                                  |  |            |  |  |  |  |
|                  | No   | Debts to pension or profit-sharing                         |  |            |  |  |  |  |
|                  | Yes  | ■ Other. Specify Credit Card                               | I  |            |  |  |  |  |

|          | 1 Taylor Marie Jacobi<br>2 Justin Randall Jacobi                                    |  | Case number (if known)  |            |  |  |  |  |  |  |
|----------|---|--|---|------------|--|--|--|--|--|--|
| 4.2      | US Anesthesia Partners of Colorado  | Last 4 digits of account number                              | 8695  | \$480.00   |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name P.O. Box 1018   | When was the debt incurred?                                  | 11/30/2019  |            |  |  |  |  |  |  |
| -        | New York, NY 10276  Number Street City State Zip Code                               | As of the date you file, the claim                           | is: Check all that apply  |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.   | ,  |   |            |  |  |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:  |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not  |            |  |  |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts  |            |  |  |  |  |  |  |
|          | Yes   | Other. Specify medical                                       |   |            |  |  |  |  |  |  |
| 4.2      | US Bank   | Last 4 digits of account number                              | 8922  | \$504.00   |  |  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy 800 Nicollet Mall Minneapolic MN 55403 | When was the debt incurred?                                  | Opened 12/13 Last Active 9/17/19  |            |  |  |  |  |  |  |
| -        | Minneapolis, MN 55402  Number Street City State Zip Code                            | As of the date you file, the claim                           | is: Check all that apply  |            |  |  |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |   |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:  |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  | ☐ Student loans   |            |  |  |  |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |  |  |
|          | No  | Debts to pension or profit-sharing                           | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |  |  |
|          | Yes   | Other. Specify Check Cred                                    | dit Or Line Of Credit   |            |  |  |  |  |  |  |
| 4.2<br>5 | US Bank/RMS CC Nonpriority Creditor's Name  | Last 4 digits of account number                              | 2824  | \$6,232.00 |  |  |  |  |  |  |
|          | Attn: Bankruptcy P.O. Box 5229 Cincinnati, OH 45201                                 | When was the debt incurred?                                  | Opened 01/17 Last Active 7/16/19  |            |  |  |  |  |  |  |
| -        | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim                           | is: Check all that apply  |            |  |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |  |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:  |            |  |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |  |  |  |  |  |  |
|          | debt  |  | paration agreement or divorce that you did not  |            |  |  |  |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharir | a plane, and other similar debte  |            |  |  |  |  |  |  |
|          | ■ No  |  |   |            |  |  |  |  |  |  |
|          | ☐ Yes   | ■ Other. Specify Credit Card                                 |   |            |  |  |  |  |  |  |

| 1 Taylor Marie Jacobi  | Document Page 2  | 9 01 02  |        |  |  |  |  |  |
|--|--|--|--------|--|--|--|--|--|
| 2 Justin Randall Jacobi  |  | Case number (if known)   |        |  |  |  |  |  |
| US Bank/RMS CC   | Last 4 digits of account number                              | 9576   | \$4,5  |  |  |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 5229                                 | When was the debt incurred?                                  | Opened 12/16 Last Active 7/11/19   |        |  |  |  |  |  |
| Cincinnati, OH 45201  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply   |        |  |  |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |  |        |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |        |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |        |  |  |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |        |  |  |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans  |  |        |  |  |  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |        |  |  |  |  |  |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts  |        |  |  |  |  |  |
| Yes  | Other. Specify Credit Card                                   | 1  |        |  |  |  |  |  |
| Western States Bank Nonpriority Creditor's Name  | Last 4 digits of account number                              | 9855   | \$20,2 |  |  |  |  |  |
| 1425 10th Street<br>Gering, NE 69356   | When was the debt incurred?                                  | 01/18/2017   |        |  |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim                           | is: Check all that apply   |        |  |  |  |  |  |
| Debtor 1 only  | П.,  |  |        |  |  |  |  |  |
| Debtor 2 only  | Contingent   |  |        |  |  |  |  |  |
| _  | ☐ Unliquidated   |  |        |  |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                     | d alaim.   |        |  |  |  |  |  |
| At least one of the debtors and another  | Student loans  | u ciaiii.  |        |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?              | Obligations arising out of a sepa                            | aration agreement or divorce that you did not  |        |  |  |  |  |  |
| ■ No   | _ <u>-</u>   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |        |  |  |  |  |  |
| □ Yes  | Other. Specify medical                                       | <u></u>  |        |  |  |  |  |  |
| World's Foremost Bank  | Look 4 divite of account number                              | 5564   | \$4,9  |  |  |  |  |  |
| Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | Ψ+,3   |  |  |  |  |  |
| Attn: Bankruptcy<br>4800 Nw 1st St   | When was the debt incurred?                                  | Opened 12/15 Last Active 6/13/19   |        |  |  |  |  |  |
| Lincoln, NE 68521  Number Street City State Zip Code                                       | As of the date you file, the claim                           | is: Check all that apply   |        |  |  |  |  |  |
| Who incurred the debt? Check one.  | • • • • • • • • • • • • • • • • • • •                        |  |        |  |  |  |  |  |
| ☐ Debtor 1 only  | ☐ Contingent   |  |        |  |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |  |        |  |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |        |  |  |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d alaim.   |        |  |  |  |  |  |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

debt

■ No
□ Yes

☐ Student loans

report as priority claims

 $\square$  Check if this claim is for a community

Is the claim subject to offset?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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| Debtor 1 Taylor Marie Jacobi   |                                    | 9  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|
| Debtor 2 Justin Randall Jacobi   |                                    | Case number (if known)   |  |  |  |  |
| have more than one creditor for any of notified for any debts in Parts 1 or 2, d |                                    | the additional creditors here. If you do not have additional persons to be |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 | r Part 2 did you list the original creditor?                               |  |  |  |  |
| Alpine Credit Inc  | Line 4.21 of (Check one):          | ☐ Part 1: Creditors with Priority Unsecured Claims                         |  |  |  |  |
| 12191 W. 64th Ave  |                                    | Part 2: Creditors with Nonpriority Unsecured Claims                        |  |  |  |  |
| Suite 210  |                                    | - Fart 2. Creditors with Nonphority Onsecured Claims                       |  |  |  |  |
| Arvada, CO 80004   |                                    |  |  |  |  |  |

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |          | Total Claim |
|--------------|-----|---|-----|----------|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$       | 0.00        |
| Total claims |     |   |     |          |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$       | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$       | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$       | 0.00        |
|              |     |   |     |          |             |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$       | 0.00        |
|              |     |   |     |          |             |
|              | 04  | Otrodont loans  | C.f |          | Total Claim |
|              | 6f. | Student loans   | 6f. | \$       | 6,093.00    |
| Total claims |     |   |     |          |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$       | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$       | 0.00        |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                    | 6i. | ·        | 91,823.13   |
|              |     | here.   |     | <b>»</b> | 31,023.13   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$       | 97,916.13   |
|              | -,- |   | -7  | ·        | 37,310.10   |

|                     |                          | I A A A A A A A A A A A A A A A A A A A |           |  |
|---------------------|--------------------------|---|-----------|--|
| Fill in this infor  | rmation to identify your | case:                                   |           |  |
| Debtor 1            | Taylor Marie Jaco        | obi                                     |           |  |
|                     | First Name               | Middle Name                             | Last Name |  |
| Debtor 2            | Justin Randall Ja        | cobi                                    |           |  |
| (Spouse if, filing) | First Name               | Middle Name                             | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEBRAS                      | KA        |  |
| Case number         |                          |   |           |  |
| (if known)          |                          |   |           |  |
|                     |                          |   |           |  |

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.3 | Oity      |              | Olate   | Zii Oodo            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.4 |           |              | <u> </u>  | 2 0000              |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.5 | City      |              | Olato   | 211 0000            |   |
| -   | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            |   |

|                                  |   | Documer   | nt Page 32 o             | f 62   |
|----------------------------------|---|---|--------------------------|--|
| Fill in this ir                  | nformation to identify your   | case:   |                          |  |
| Debtor 1                         | Taylor Marie Jaco   | obi   |                          |  |
|                                  | First Name  | Middle Name   | Last Name                |  |
| Debtor 2                         | Justin Randall Ja   | cobi  |                          |  |
| (Spouse if, filing)              | First Name  | Middle Name   | Last Name                |  |
| United State                     | s Bankruptcy Court for the:   | DISTRICT OF NEBRASK                                   | KA .                     |  |
| Case numbe                       | er  |   |                          |  |
| (if known)                       |   |   |                          | ☐ Check if this is an  |
|                                  |   |   |                          | amended filing   |
| Official                         | Form 106U   |   |                          |  |
|                                  | Form 106H   | 1.4   |                          |  |
| Schedu                           | ıle H: Your Cod   | ebtors  |                          | 12/15  |
|                                  | nd case number (if known)  ou have any codebtors? (if y   |   | o not list either spouse | as a codebtor.   |
| ■ No<br>□ Yes                    |   |   |                          |  |
|                                  | n the last 8 years, have you<br>California, Idaho, Louisiana,   |   |                          | (Community property states and territories include ngton, and Wisconsin.)  |
| ■ No. G                          | Go to line 3.   |   |                          |  |
| ☐ Yes. I                         | Did your spouse, former spou  | use, or legal equivalent live                         | with you at the time?    |  |
| in line 2<br>Form 10<br>out Colu | again as a codebtor only in<br>16D), Schedule E/F (Official<br>16D), Schedule E/F (Official<br>16D), Schedule 11: Your codebtor | f that person is a guarant<br>Form 106E/F), or Schedu | or or cosigner. Make s   | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| Na                               | me, Number, Street, City, State and ZI  | P Code  |                          | Check all schedules that apply:  |
| 3.1                              |   |   |                          | ☐ Schedule D, line   |
|                                  | ame   |   |                          | ☐ Schedule E/F, line   |
|                                  |   |   |                          | ☐ Schedule G, line   |
| Nu                               | umber Street  |   |                          | _  |
| Cit                              |   | State   | ZIP Code                 |  |
| 3.2                              |   |   |                          | ☐ Schedule D, line   |
|                                  | ame   |   |                          |  |
|                                  |   |   |                          | ☐ Schedule E/F, line   |
| kl.                              | umbor Ctroot  |   |                          | _  |
| Nu<br>Cit                        | umber Street<br>ty  | State   | ZIP Code                 |  |

| E:III       | in this information to identify                                  | Work agge:   |             |                    |           |       | I                  |                             |  |         |
|-------------|--|--|-------------|--------------------|-----------|-------|--------------------|-----------------------------|--|---------|
|             | in this information to identify btor 1 Taylor                    | Marie Jacobi   |             |                    |           |       |                    |                             |  |         |
|             | btor 2 Justin  | Randall Jacobi   |             |                    |           |       |                    |                             |  |         |
| Uni         | ited States Bankruptcy Court                                     | for the: DISTRICT OF NEBF  | RASKA       |                    |           |       |                    |                             |  |         |
|             | se number<br>nown)   |  | _           |                    |           |       |                    | ended filing<br>lement show | wing postpetition of e following date: | chapter |
| 0           | fficial Form 106I  |  |             |                    |           |       | MM / D             | D/ YYYY                     |  |         |
| S           | chedule I: Your  | Income   |             |                    |           |       |                    |                             |  | 12/15   |
| spo<br>atta | use. If you are separated as                                     | If you are married and not find your spouse is not filing was form. On the top of any addi | vith you,   | do not include     | infor     | matio | on about your      | spouse. If                  | more space is n                        | eeded,  |
| 1.          | Fill in your employment information.                             |  | Debto       | or 1               |           |       | Deb                | tor 2 or no                 | n-filing spouse                        |         |
|             | If you have more than one attach a separate page with            |  | <b>■</b> En | ■ Employed         |           |       | <b>■</b> E         | ■ Employed                  |  |         |
|             | information about additiona                                      |  | □ No        | ☐ Not employed     |           |       |                    | ☐ Not employed              |  |         |
|             | employers.   | Occupation   | Oper        | Operations Manager |           |       | Laborer            |                             |  |         |
|             | Include part-time, seasonal<br>self-employed work.               | Employer's name  | IPlan       | It LLC             |           |       | GW                 | Grinding                    |  |         |
|             | Occupation may include stu<br>or homemaker, if it applies.       |  |             |                    |           |       |                    | 690 Coun<br>atare, NE       |  |         |
|             |  | How long employed  | there?      | 5 years            |           |       |                    | 5 years                     | 2 months                               |         |
| Par         | Give Details Abo   | ut Monthly Income  |             |                    |           |       |                    |                             |  |         |
|             | mate monthly income as of<br>use unless you are separated        | the date you file this form. I   | f you have  | e nothing to rep   | ort for   | any l | line, write \$0 in | the space.                  | Include your non-                      | filing  |
|             | ou or your non-filing spouse he<br>e space, attach a separate sh | ave more than one employer, oneet to this form.  | combine t   | he information f   | for all e | emplo | oyers for that p   | erson on th                 | e lines below. If yo                   | ou need |
|             |  |  |             |                    |           |       | For Debtor 1       |                             | Debtor 2 or<br>filing spouse           |         |
| 2.          |  | s, salary, and commissions (<br>inthly, calculate what the mont                            |             |                    | 2.        | \$    | 4,033.             | <b>33</b> \$                | 3,258.10                               |         |
| 3.          | Estimate and list monthly  | overtime pay.  |             |                    | 3.        | +\$   | 0.                 | 00 +\$                      | 0.00                                   |         |

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

4,033.33

3,258.10

|     | otor 1<br>otor 2   | Taylor Marie Jacobi<br>Justin Randall Jacobi   | _               | С        | ase ı    | number ( <i>if known</i> ) |               |                          |         |  |
|-----|--------------------|--|-----------------|----------|----------|----------------------------|---------------|--------------------------|---------|--|
|     |                    |  |                 |          |          | Debtor 1                   |               | or Debtor<br>on-filing s | spouse  |  |
|     | Cop                | by line 4 here   | 4.              |          | \$       | 4,033.33                   | \$_           | 3                        | ,258.10 | <u>)                                    </u> |
| 5.  | List               | all payroll deductions:  |                 |          |          |                            |               |                          |         |  |
|     | 5a.                | Tax, Medicare, and Social Security deductions  | 5a.             |          | \$       | 951.36                     | \$            |                          | 732.12  | 2  |
|     | 5b.                | Mandatory contributions for retirement plans   | 5b.             |          | \$       | 91.67                      | \$            | -                        | 0.00    |  |
|     | 5c.                | Voluntary contributions for retirement plans   | 5c.             |          | \$       | 8.33                       | \$            |                          | 0.00    | )  |
|     | 5d.                | Required repayments of retirement fund loans   | 5d.             |          | \$       | 0.00                       | \$            |                          | 0.00    | )  |
|     | 5e.                | Insurance  | 5e.             |          | \$       | 0.00                       | \$_           |                          | 0.00    | _  |
|     | 5f.                | Domestic support obligations   | 5f.             |          | \$       | 0.00                       | \$_           |                          | 0.00    | _  |
|     | 5g.                | Union dues   | 5g.             |          | \$       | 0.00                       | . \$_         |                          | 0.00    |  |
|     | 5h.                | Other deductions. Specify: Reimburse   | 5h.             |          | \$       | 10.66                      |               |                          | 0.00    | _  |
| 6.  | Add                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.              | (        | ·        | 1,062.02                   | \$_           |                          | 732.12  | <u> </u>                                     |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.              | 9        |          | 2,971.31                   | \$_           | 2                        | ,525.98 | <u>3</u>                                     |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                    | 8a.             |          | \$       | 38.28                      | \$            |                          | 0.00    |  |
|     | 8b.                | •  | 8b.             |          | \$_      | 0.00                       | \$            |                          | 1.00    |  |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | <b>t</b><br>8c. |          | \$       | 0.00                       | \$            |                          | 0.00    | )  |
|     | 8d.                |  | 8d.             |          | \$<br>   | 0.00                       | \$            |                          | 0.00    | _  |
|     | 8e.                |  | 8e.             |          | \$       | 0.00                       | \$            | -                        | 0.00    |  |
|     | 8f.<br>8g.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.<br>8g.      |          | \$<br>\$ | 0.00<br>0.00               | \$<br>\$<br>- |                          | 0.00    | )  |
|     | 8h.                | Other monthly income. Specify:   | 8h.             | +        | \$       | 0.00                       | + \$_         |                          | 0.00    | <u>)                                    </u> |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.              | \$       |          | 38.28                      | \$_           |                          | 1.0     | 00   |
| 10  | Cal                | culate monthly income. Add line 7 + line 9.  | 10.             | <b>1</b> |          | 3,009.59 + \$              |               | ,526.98                  | = \$    | 5,536.57                                     |
| 10. |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.             | Ψ        | •        | <del>5,009.39</del> + Ψ_   |               | ,320.90                  | = \$ -  | 3,330.37                                     |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in <i>Schedula</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:                      | r depei         |          | •        |                            |               |                          |         | 0.00   |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certallies  |                 |          |          |                            |               |                          | \$      | 5,536.57                                     |
| 13. | Do                 | you expect an increase or decrease within the year after you file this forn<br>No.   | 1?              |          |          |                            |               |                          | Combi   | ined<br>ly income                            |
|     | _                  | Yes Explain:   |                 |          |          |                            |               |                          |         |  |

| EIII  | in this informa            | ition to identify y                | our oooo:                |   |                      | Ī               |                                       |   |  |
|---|----------------------------|------------------------------------|--------------------------|---|----------------------|-----------------|---------------------------------------|---|--|
|   |                            |                                    |                          |   |                      |                 |                                       |   |  |
| Deb   | otor 1                     | Taylor Marie Jacobi                |                          |   |                      |                 | Check if this is: ☐ An amended filing |   |  |
|   | otor 2<br>ouse, if filing) | Justin Rand                        | all Jacob                | i   |                      |                 | •                                     | wing postpetition chapter the following date: |  |
| United States Bankruptcy Court for the: DISTRICT OF NEBRASKA  |                            |                                    |                          |   |                      | -               | MM / DD / YYYY                        |   |  |
|   | se number                  |                                    |                          |   |                      |                 |                                       |   |  |
| 0   | fficial Fo                 | rm 106J                            |                          |   |                      |                 |                                       |   |  |
| S   | chedule                    | J: Your                            | Exper                    | nses  |                      |                 |                                       | 12/15   |  |
| Be  | as complete ormation. If m | and accurate as                    | s possible<br>eded, atta | . If two married people ar<br>ich another sheet to this                   |                      |                 |                                       |   |  |
| Par   |                            | ribe Your House                    | ehold                    |   |                      |                 |                                       |   |  |
| 1.  | Is this a joir             |                                    |                          |   |                      |                 |                                       |   |  |
|   | □ No. Go to                |                                    | in a conor               | ata haysahald?  |                      |                 |                                       |   |  |
|   |                            |                                    | ın a separ               | ate household?  |                      |                 |                                       |   |  |
|   | ■ N<br>□ Y                 |                                    | st file Offic            | al Form 106J-2, Expenses  | s for Separate House | ehold of Deb    | tor 2.                                |   |  |
| 2.  |                            | e dependents?                      |                          | , ,   |                      |                 |                                       |   |  |
| ۷.  | Do not list D<br>Debtor 2. | •                                  | ■ Yes.                   | Fill out this information for each dependent                              | •                    |                 | Dependent's age                       | Does dependent live with you?                 |  |
|   | Do not state dependents    |                                    |                          |   | Son                  |                 | 1                                     | □ No<br>■ Yes                                 |  |
|   |                            |                                    |                          |   | Son                  |                 | 2                                     | □ No  |  |
|   |                            |                                    |                          |   |                      |                 |                                       | ■ Yes<br>□ No                                 |  |
|   |                            |                                    |                          |   |                      |                 |                                       | ☐ Yes   |  |
|   |                            |                                    |                          |   |                      |                 |                                       | □ No  |  |
| 3.  | Do vour ext                | oenses include                     | _                        | NI.   | -                    |                 | <del>-</del>                          | ☐ Yes   |  |
| σ.  | expenses o                 | f people other t<br>d your depende | han 🗆                    | No<br>Yes   |                      |                 |                                       |   |  |
| Est   | timate your ex             |                                    | our bankr                | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                      |                 |                                       |   |  |
| the   |                            | h assistance an                    |                          | government assistance i<br>cluded it on <i>Schedule I:</i> \              |                      |                 | Your exp                              | enses   |  |
| <ol> <li>The rental or home ownership expenses for your residence<br/>payments and any rent for the ground or lot.</li> </ol> |                            |                                    |                          |   | nclude first mortgag | e<br>4. \$      |                                       | 822.30  |  |
|   | If not includ              | led in line 4:                     |                          |   |                      |                 |                                       |   |  |
|   | 4a. Real e                 | estate taxes                       |                          |   |                      | 4a. \$          |                                       | 0.00  |  |
|   | 4b. Prope                  | rty, homeowner'                    |                          |   |                      | 4b. \$          |                                       | 0.00  |  |
|   |                            |                                    |                          | upkeep expenses   |                      | 4c. \$          |                                       | 150.00  |  |
| 5.  |                            | owner's associa<br>nortgage paym   |                          | dominium dues<br><b>our residence,</b> such as ho                         | me equity loans      | 4d. \$<br>5. \$ |                                       | 0.00  |  |
|   |                            | ,                                  | ,                        | ,   | 1 /                  | ,               |                                       | - · • •                                       |  |

#### Case 19-41950-TLS Doc 1 Filed 11/22/19 Entered 11/22/19 12:28:01 Desc Main Page 36 of 62 Document

| Debtor<br>Debtor | •   | Case num | ber (if known)                        |             |
|------------------|---|----------|---------------------------------------|-------------|
| 6. <b>U</b> 1    | tilities:   |          |                                       |             |
| 68               | a. Electricity, heat, natural gas   | 6a.      | \$                                    | 450.00      |
| 6k               | , , , , ,   | 6b.      | \$                                    | 25.00       |
| 60               |   | 6c.      | \$                                    | 645.00      |
| 60               |   | 6d.      | \$                                    | 0.00        |
| 7. <b>F</b> (    | ood and housekeeping supplies   | 7.       | \$                                    | 800.00      |
| 3. C             | hildcare and children's education costs   | 8.       | \$                                    | 600.00      |
| . C              | othing, laundry, and dry cleaning   | 9.       | \$                                    | 125.00      |
| 0. <b>P</b>      | ersonal care products and services  | 10.      | \$                                    | 75.00       |
| 1. <b>M</b>      | edical and dental expenses  | 11.      | \$                                    | 205.00      |
| 2. <b>T</b> ı    | ansportation. Include gas, maintenance, bus or train fare.                          |          |                                       | 500.00      |
|                  | o not include car payments.   | 12.      | *                                     | 560.00      |
|                  | ntertainment, clubs, recreation, newspapers, magazines, and books                   | 13.      |                                       | 125.00      |
| 4. <b>C</b>      | haritable contributions and religious donations                                     | 14.      | \$                                    | 0.00        |
| -                | surance.  |          |                                       |             |
|                  | o not include insurance deducted from your pay or included in lines 4 or 20.        |          |                                       |             |
|                  | 5a. Life insurance  | 15a.     | *                                     | 55.00       |
| 15               | 5b. Health insurance  | 15b.     | ·                                     | 0.00        |
| 15               | 5c. Vehicle insurance   | 15c.     | \$                                    | 249.99      |
| 15               | 5d. Other insurance. Specify:   | 15d.     | \$                                    | 0.00        |
|                  | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.     |          | <del></del>                           |             |
| S                | pecify:   | 16.      | \$                                    | 0.00        |
|                  | stallment or lease payments:  |          |                                       |             |
|                  | 'a. Car payments for Vehicle 1  | 17a.     |                                       | 488.68      |
| 17               | b. Car payments for Vehicle 2   | 17b.     | \$                                    | 0.00        |
| 17               | c. Other. Specify:  | 17c.     | \$                                    | 0.00        |
| 17               | d. Other. Specify:  | 17d.     | \$                                    | 0.00        |
|                  | our payments of alimony, maintenance, and support that you did not report as        |          | •                                     | 0.00        |
|                  | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).      | 18.      |                                       | 0.00        |
|                  | ther payments you make to support others who do not live with you.                  |          | \$                                    | 0.00        |
|                  | pecify:   | 19.      | _                                     |             |
|                  | ther real property expenses not included in lines 4 or 5 of this form or on Scho    |          |                                       | 0.00        |
|                  | Da. Mortgages on other property   | 20a.     | ·                                     | 0.00        |
|                  | b. Real estate taxes  | 20b.     | ·                                     | 0.00        |
|                  | c. Property, homeowner's, or renter's insurance                                     | 20c.     | · ·                                   | 0.00        |
|                  | d. Maintenance, repair, and upkeep expenses   | 20d.     | •                                     | 0.00        |
|                  | De. Homeowner's association or condominium dues                                     | 20e.     | ·                                     | 0.00        |
| 1. <b>O</b>      | ther: Specify: Animal Feed  | 21.      | +\$                                   | 85.00       |
| S                | tudent loan payment   |          | +\$                                   | 85.00       |
|                  | plaulate your manthly expenses  |          |                                       |             |
|                  | alculate your monthly expenses 2a. Add lines 4 through 21.                          |          | <b>Q</b>                              | E E A E 0.7 |
|                  | •   |          | \$                                    | 5,545.97    |
|                  | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |          | \$                                    |             |
| 22               | 2c. Add line 22a and 22b. The result is your monthly expenses.                      |          | \$                                    | 5,545.97    |
| 3. <b>C</b>      | alculate your monthly net income.   |          |                                       |             |
|                  | Ba. Copy line 12 (your combined monthly income) from Schedule I.                    | 23a.     | \$                                    | 5,536.57    |
|                  | Bb. Copy your monthly expenses from line 22c above.                                 | 23b.     | · · · · · · · · · · · · · · · · · · · | 5,545.97    |
| `                | Tary yard monany organists non-mio Electronic                                       | 200.     |                                       | <u> </u>    |
| 23               | 3c. Subtract your monthly expenses from your monthly income.                        |          |                                       | 2 42        |
|                  | The result is your monthly net income.  | 23c.     | \$                                    | -9.40       |

### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: Taylor has unlisted expenses that are reimbursed by her employer for business related travel. If Taylor were to change her current position or employemnt some portion of those expenses may become her responsibility.

## 

| Fill in this info                                     | ormation to identify your  | case:   |                                 |   |  |
|---|--|---|---------------------------------|---|--|
| Debtor 1  | Taylor Marie Jaco  | hhi   |                                 |   |  |
| 20010.  | First Name   | Middle Name   | Last Name                       |   |  |
| Debtor 2  | Justin Randall Ja  | cobi  |                                 |   |  |
| (Spouse if, filing)                                   | First Name   | Middle Name   | Last Name                       |   |  |
| United States I                                       | Bankruptcy Court for the:  | DISTRICT OF NEBRA   | SKA                             |   |  |
| Case number   |  |   |                                 |   |  |
| (if known)  |  |   |                                 | Check if this is an amended filing  |  |
| Declara  If two married  You must file tobtaining mon | people are filing together<br>his form whenever you fi<br>ey or property by fraud ir | , both are equally response bankruptcy schedule connection with a ban |                                 |   |  |
| <i>,</i>  | .18 U.S.C. §§ 152, 1341, 1<br>ign Below  | 519, and 35/1.  |                                 |   |  |
| Did you រុ  | pay or agree to pay some   | one who is NOT an atto  | rney to help you fill out bankr | uptcy forms?  |  |
| ■ No  |  |   |                                 |   |  |
| ☐ Yes.  | Name of person   |   |                                 | Attach Bankruptcy Petition Preparer's Noti<br>Declaration, and Signature (Official Form |  |
|   | nalty of perjury, I declare<br>are true and correct.                                 | that I have read the sun  | nmary and schedules filed wit   | h this declaration and  |  |
| X /s/ Ta  | aylor Marie Jacobi   |   | X /s/ Justin Rand               | Iall Jacobi   |  |
| Taylo   | or Marie Jacobi  |   | Justin Randall                  | Jacobi  |  |
| Signa   | ture of Debtor 1   |   | Signature of Debte              | or 2  |  |
| Date  | November 18, 2019  |   | Date Novemb                     | er 18, 2019   |  |

## 

| Fill        | in this inform     | ation to identify you                      |   |   |  |   |  |  |  |  |
|-------------|--------------------|--|---|---|--|---|--|--|--|--|
| Deb         | otor 1             | Taylor Marie Jac                           | Middle Name   | Last Name   |  |   |  |  |  |  |
| Deb         | otor 2             | Justin Randall J                           |   |   |  |   |  |  |  |  |
| (Spo        | use if, filing)    | First Name                                 | Middle Name   | Last Name   |  |   |  |  |  |  |
| Unit        | ted States Ban     | kruptcy Court for the:                     | DISTRICT OF NEBRASK   | (A  |  |   |  |  |  |  |
| Cas         | e number           |  |   |   |  |   |  |  |  |  |
| (if kn      | own)               |  |   |   | _  | Check if this is an                                   |  |  |  |  |
|             |                    |  |   |   | a  | mended filing   |  |  |  |  |
| <u> </u>    |                    | 4.07                                       |   |   |  |   |  |  |  |  |
|             | ficial For         |  |   |   |  |   |  |  |  |  |
| Sta         | atement            | of Financial .                             | Affairs for Individ   | duals Filing for B                                    | ankruptcy  | 4/19  |  |  |  |  |
|             |                    |  |   |   | equally responsible for sup<br>y additional pages, write you |   |  |  |  |  |
|             |                    | ). Answer every que                        |   | uns form. On the top of an                            | y additional pages, write you                                | ii iiailie aliu case                                  |  |  |  |  |
| Par         | t 1: Give De       | etails About Your Ma                       | arital Status and Where You   | ı Lived Before  |  |   |  |  |  |  |
| 4           | What is your       | current marital statu                      | 10.3  |   |  |   |  |  |  |  |
| 1.          | Wilat is your      | current marital statt                      | 19 t  |   |  |   |  |  |  |  |
|             | Married            |  |   |   |  |   |  |  |  |  |
|             | □ Not marr         | ied  |   |   |  |   |  |  |  |  |
| 2.          | During the la      | st 3 years, have you                       | lived anywhere other than   | where you live now?                                   |  |   |  |  |  |  |
|             | □ No               |  |   |   |  |   |  |  |  |  |
|             | _                  | all of the places you I                    | ived in the last 3 years. Do no   | ot include where you live now                         | <i>I</i> .   |   |  |  |  |  |
|             | Debtor 1 Pri       | or Address:                                | Dates Debtor 1  | Debtor 2 Prior Ad                                     | dross:   | Dates Debtor 2  |  |  |  |  |
|             | Debtor 1111        | or Address.                                | lived there   | Debiol 21 Hor Ac                                      | ui 633.  | lived there   |  |  |  |  |
|             | 250001 Cor         |  | From-To:<br><b>6/2014 - 3/201</b>   | Same as Debtor  | 1  | Same as Debtor 1                                      |  |  |  |  |
|             | Gering, NE         | 09301                                      | 0/2014 - 3/201  | 1   |  | From-To:  |  |  |  |  |
| 3.<br>state |                    |  |   |   | ity property state or territory                              |   |  |  |  |  |
| olulo       | o ana tormone      | o morado / mzona, od                       | mornia, idano, Eddiciana, ivo   | vada, New Mexico, Facilio N                           | iso, rexas, washington and v                                 | 1000110111.)  |  |  |  |  |
|             | ■ No               |  |   |   |  |   |  |  |  |  |
|             |                    | ke sure you fill out <i>Scl</i>            | hedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |  |  |  |  |
| Par         | t 2 Explain        | the Sources of You                         | r Income  |   |  |   |  |  |  |  |
| 4.          | Fill in the total  | amount of income yo                        | nployment or from operating u received from all jobs and a have income that you receive | all businesses, including part                        |  | ndar years?   |  |  |  |  |
|             |                    | •  | •   | -   |  |   |  |  |  |  |
|             | □ No ■ Ves Fill    | in the details.                            |   |   |  |   |  |  |  |  |
|             | <b>–</b> 165. Fill | in the details.                            |   |   |  |   |  |  |  |  |
|             |                    |  | Debtor 1  | <b>0</b>  | Debtor 2   | 0   |  |  |  |  |
|             |                    |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
|             |                    | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$38,890.00   | ■ Wages, commissions, bonuses, tips                          | \$24,291.00   |  |  |  |  |
|             |                    |  | ☐ Operating a business  |   | ☐ Operating a business                                       |   |  |  |  |  |
| Offici      | al Form 107        |  |   | airs for Individuals Filing for B                     |  | page '  |  |  |  |  |

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Taylor Marie Jacobi

Justin Randall Jacobi

Case number (if known)

| Debtor 1<br>Debtor 2 | Taylor Marie Jacobi<br>Justin Randall Jacob  |  |   |  |   |  |  |  |
|----------------------|--|--|---|--|---|--|--|--|
|                      |  | Debtor 1   |   | Debtor 2   |   |  |  |  |
|                      |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco<br>Check all that app  |   |  |  |  |
|                      | alendar year:<br>1 to December 31, 2018 )  | ■ Wages, commissions, bonuses, tips  | \$80,590.00   | ■ Wages, comm<br>bonuses, tips   | sissions, <b>\$0.00</b>   |  |  |  |
|                      |  | ☐ Operating a business   |   | ☐ Operating a but  | usiness   |  |  |  |
|                      | alendar year before that:<br>1 to December 31, 2017)   | ■ Wages, commissions, bonuses, tips  | \$79,473.00   | ■ Wages, comm<br>bonuses, tips   | sissions, <b>\$0.00</b>   |  |  |  |
|                      |  | ☐ Operating a business   |   | Operating a bu   | usiness   |  |  |  |
| <b>=</b> N           | No<br>Yes. Fill in the details.  | Debtor 1 Sources of income   | Gross income from   | Debtor 2<br>Sources of inco  | me Gross income   |  |  |  |
|                      |  | Describe below.  | each source<br>(before deductions and<br>exclusions)  | Describe below.  | (before deductions and exclusions)  |  |  |  |
| 6. Areei             | ither Debtor 1's or Debtor No. Neither Debtor 1 no individual primarily for  During the 90 days boren in the second in the secon | w each creditor to whom you pai<br>i creditor. Do not include paymen<br>de payments to an attorney for the<br>ent on 4/01/22 and every 3 years<br>2 or both have primarily consulted<br>efore you filed for bankruptcy, di | r debts?  Immer debts. Consumer debts.  Id purpose."  Id you pay any creditor a tota  Id a total of \$6,825* or more into for domestic support oblighis bankruptcy case.  Is after that for cases filed on immer debts.  Id you pay any creditor a total did a total of \$600 or more and | I of \$6,825* or more n one or more paymations, such as child or after the date of a I of \$600 or more? | ents and the total amount you d support and alimony. Also, do adjustment.   |  |  |  |
| Cred                 | litor's Name and Address   | Dates of payme   | ent Total amount paid   | Amount you still owe   | Was this payment for  |  |  |  |
| 595                  | ding Club<br>Market Street<br>Francisco, CA 94105  | 8/16/2019  | \$809.76  | \$9,401.27   | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>■ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |  |  |  |

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|   | otor 1<br>otor 2   | Taylor Marie Jacobi<br>Justin Randall Jacobi   | Doddii                                |                               | Ca  | ase number (if kno                      | wn)                                 |  |  |
|---|--|--|---------------------------------------|-------------------------------|---|---|-------------------------------------|--|--|
| 7.  | <i>Inside</i> of wh  | in 1 year before you filed for bankrup<br>ders include your relatives; any general p<br>nich you are an officer, director, person in<br>siness you operate as a sole proprietor. | artners; relative<br>n control, or ow | es of any gen<br>ner of 20% o | neral partners; partror or more of their voting | nerships of which<br>ng securities; and | you are a gener<br>d any managing a | al partner; corporation<br>agent, including one fo |  |
|   | _  | No<br>Yes. List all payments to an insider.  |                                       |                               |   |   |                                     |  |  |
|   | Insid  | der's Name and Address   | Dates of pa                           | yment                         | Total amount paid                               | Amount you still ow                     |                                     | this payment                                       |  |
| 8.  | inside<br>Includ   | de payments on debts guaranteed or co  |                                       |                               | ments or transfer                               | any property o                          | n account of a d                    | ebt that benefited an                              |  |
|   | _  | No<br>Yes. List all payments to an insider   |                                       |                               |   |   |                                     |  |  |
|   |  | der's Name and Address   | Dates of pa                           | yment                         | Total amount paid                               | Amount you                              |                                     | this payment                                       |  |
|   | t 4:   | Identify Legal Actions, Repossessio  |                                       |                               | paid  | Still Ow                                | include cree                        | ator 3 harric                                      |  |
| 9.  | List a modif   | in 1 year before you filed for bankrupt<br>all such matters, including personal injury<br>ifications, and contract disputes.  No Yes. Fill in the details.                       |                                       |                               |   |   |                                     |  |  |
|   |  | se title<br>se number  | Nature of th                          | ne case                       | Court or agency                                 | y                                       | Status of the                       | ne case  |  |
| 10.   | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11. |  |                                       |                               |   |   |                                     |  |  |
|   |  | Yes. Fill in the information below.  |                                       |                               |   |   |                                     |  |  |
|   | Cred   | ditor Name and Address   | Describe th                           |                               | J   | Da                                      | te                                  | Value of the<br>property                           |  |
| Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or fi accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details. |  |  |                                       |                               |   | inancial institut                       | ion, set off any                    | amounts from your                                  |  |
|   | Cred   | ditor Name and Address   | Describe th                           | e action the                  | creditor took                                   |   | te action was                       | Amount   |  |
| 12.   | 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?          |  |                                       |                               |   |   |                                     |  |  |
|   |  | No<br>Yes  |                                       |                               |   |   |                                     |  |  |
| Pai   | t 5:   | List Certain Gifts and Contributions   |                                       |                               |   |   |                                     |  |  |
|   | Withi  | in 2 years before you filed for bankru   | otcy, did you g                       | live any gift                 | s with a total value                            | e of more than \$                       | 6600 per person                     | ?  |  |
|   |  | Yes. Fill in the details for each gift.  |                                       |                               |   |   |                                     |  |  |
|   |  | s with a total value of more than \$600 person   | Descri                                | be the gifts                  |   |   | tes you gave<br>e gifts             | Value  |  |
|   |  | son to Whom You Gave the Gift and  |                                       |                               |   |   |                                     |  |  |

|      | tor 1 Taylor Marie Jacobi Justin Randall Jacobi  |          | Ca   | ase number  | (if known)   |                           |  |  |
|------|--|----------|--|-------------|--|---------------------------|--|--|
| 14.  | Within 2 years before you filed for bank  ■ No □ Yes. Fill in the details for each gift or   |          |  | with a tota | I value of more than   | \$600 to any charity?     |  |  |
|      | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo                                 | total    | Describe what you contributed  |             | Dates you contributed  | Value                     |  |  |
| Part | 6: List Certain Losses   |          |  |             |  |                           |  |  |
|      | Within 1 year before you filed for bankroor gambling?  | uptcy or | since you filed for bankruptcy, did yo   | u lose anyt | hing because of thef   | t, fire, other disaster,  |  |  |
|      | ■ No □ Yes. Fill in the details.   | Deceri   |  |             | Data of your   | Value of managery         |  |  |
|      | Describe the property you lost and how the loss occurred   | Include  | be any insurance coverage for the los<br>the amount that insurance has paid. Lis<br>ce claims on line 33 of Schedule A/B: Pi | st pending  | Date of your loss  | Value of property<br>lost |  |  |
| Part | 17: List Certain Payments or Transfer  | 's       |  |             |  |                           |  |  |
|      | Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  No  Yes. Fill in the details. | preparir | ng a bankruptcy petition?  |             |  | ty to anyone you          |  |  |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not  | You      | Description and value of any proper transferred  | rty         | Date payment or transfer was made  | Amount of payment         |  |  |
|      | Deighan Law LLC<br>79 W. Monroe St.<br>Fifth Floor<br>Chicago, IL 60603<br>owen@ohlawcolorado.com  |          | Attorney Fees - \$1450.00<br>Filing Fee - \$335.00   |             | Payment<br>made in<br>installments<br>between<br>06/25/2019<br>and<br>09/13/2019 | \$1,785.00                |  |  |
|      | Within 1 year before you filed for bankrupromised to help you deal with your creed to not include any payment or transfer that                           | ditors o | to make payments to your creditors?  |             | or transfer any prope  | rty to anyone who         |  |  |
|      | ■ No □ Yes. Fill in the details.   |          |  |             |  |                           |  |  |
|      | Person Who Was Paid<br>Address   |          | Description and value of any proper transferred  | rty         | Date payment<br>or transfer was<br>made  | Amount of payment         |  |  |
|      |  |          |  |             |  |                           |  |  |
|      | Yes. Fill in the details.  Person Who Received Transfer  |          | Description and value of   | Describe    | any property or  | Date transfer was         |  |  |
|      | Address Person's relationship to you   |          | property transferred   |             | received or debts  | made                      |  |  |

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**Taylor Marie Jacobi** Debtor 1 Debtor 2 Justin Randall Jacobi

Case number (if known)

|      | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) |  |                  |  |  |   |  |
|------|---|--|------------------|--|--|---|--|
|      | ■ No □ Yes. Fill in the details.  |  |                  |  |  |   |  |
|      | Name of trust   | Description and va   | lue of the pro   | perty trans  | ferred   | Date Transfer was made                        |  |
| Part | 8: List of Certain Financial Accounts, Instrur  | ments, Safe Deposit  | Boxes, and St    | orage Unit   | s  |   |  |
|      | Within 1 year before you filed for bankruptcy, wo<br>sold, moved, or transferred?<br>Include checking, savings, money market, or otl  | her financial accoun   | ts; certificates | s of deposit   |  | , ,   |  |
|      | houses, pension funds, cooperatives, association No   | ons, and other financ  | cial institution | IS.  |  |   |  |
|      | Yes. Fill in the details.   |  | _                |  |  |   |  |
|      |   | st 4 digits of count number  | Type of acco     | unt or   | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |
|      | Do you now have, or did you have within 1 year cash, or other valuables?  | before you filed for I   | bankruptcy, a    | ny safe dep  | oosit box or other deposi                            | tory for securities,                          |  |
|      | ■ No □ Yes. Fill in the details.  |  |                  |  |  |   |  |
|      | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had access to it?  Address (Number, Street, City, State and ZIP Code)       |                  | Describe   | the contents   | Do you still have it?                         |  |
| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |                  |  |  |   |  |
|      | ■ No  |  |                  |  |  |   |  |
|      | Yes. Fill in the details.   |  |                  |  |  |   |  |
|      | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |                  | Describe   | the contents   | Do you still have it?                         |  |
| Part | 9: Identify Property You Hold or Control for S  | Someone Else   |                  |  |  |   |  |
|      | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |  |                  |  |  |   |  |
|      | □ No  |  |                  |  |  |   |  |
|      | Yes. Fill in the details.   |  |                  |  |  |   |  |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP                       |                  | Describe the property  |  | Value   |  |
|      | Jacqueline Jacobi-Tarlip<br>330185 County Road E<br>Minatare, NE 69356  | Minatare, NE 69356   |                  | 3 Couches, TVs, Kitchen<br>Items, Wall Art, Books,<br>Furniture, Bed, Clothes,<br>Heirlooms, 2 Sheep |  | \$4,000.00                                    |  |
| Part | 10: Give Details About Environmental Informa  | ation  |                  |  |  |   |  |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

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Debtor 1 Taylor Marie Jacobi
Debtor 2 Justin Randall Jacobi

Case number (if known)

hazardous material, pollutant, contaminant, or similar term.

| Rep   | ort all notices, releases, and proceedings th  | at you know about, regardless of when                                      | they occurred.   |                    |  |  |  |  |  |
|---|--|--|--|--------------------|--|--|--|--|--|
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environn  |  |  |  |                    |  |  |  |  |  |
|   | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|   | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                | Date of notice     |  |  |  |  |  |
| 25.   | Have you notified any governmental unit of   | any release of hazardous material?   |  |                    |  |  |  |  |  |
|   | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|   | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                | Date of notice     |  |  |  |  |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and o |  |  |  |                    |  |  |  |  |  |
|   | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|   | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |  |  |  |  |  |
| Par   | t 11: Give Details About Your Business or  | Connections to Any Business  |  |                    |  |  |  |  |  |
| 27.   | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |  |                    |  |  |  |  |  |
|   | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |  |                    |  |  |  |  |  |
|   | ☐ A partner in a partnership   |  |  |                    |  |  |  |  |  |
|   | ☐ An officer, director, or managing executive of a corporation   |  |  |                    |  |  |  |  |  |
|   | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |  |                    |  |  |  |  |  |
|   | □ No. None of the above applies. Go to Part 12.  |  |  |                    |  |  |  |  |  |
|   | Yes. Check all that apply above and fill in the details below for each business.   |  |  |                    |  |  |  |  |  |
|   | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper      | Employer Identification number<br>Do not include Social Security |                    |  |  |  |  |  |
|   | (Number, Street, Sity, State and Em Soue)  | Name of accountant of bookkeeper   | Dates business existed   |                    |  |  |  |  |  |
|   | Taylor Jacobi Book Sales<br>330185 County Road E<br>Minatare, NE 69356   | Usborne Books and More   | EIN:<br>From-To 10/09/19, Still oper                             | ating              |  |  |  |  |  |
|   | Miliatare, NE 09330  |  |  | g                  |  |  |  |  |  |
| 28.   | Within 2 years before you filed for bankrupt institutions, creditors, or other parties.  | tcy, did you give a financial statement to                                 | o anyone about your business? Inclu                              | ide all financial  |  |  |  |  |  |
|   | ■ No □ Yes. Fill in the details below.   |  |  |                    |  |  |  |  |  |
|   | Name Address (Number Street City State and ZIP Code)   | Date Issued  |  |                    |  |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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**Taylor Marie Jacobi** Debtor 1 Debtor 2 Justin Randall Jacobi Case number (if known) with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Taylor Marie Jacobi /s/ Justin Randall Jacobi **Taylor Marie Jacobi** Justin Randall Jacobi Signature of Debtor 1 Signature of Debtor 2 Date Date November 18, 2019 November 18, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 2 (Spouse if, filing)  United States Bankruptcy Court for the:    Spouse if   States   States |                                   |
|--|-----------------------------------|
| (Spouse if, filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: DISTRICT OF NEBRASKA   |                                   |
| United States Bankruptcy Court for the: DISTRICT OF NEBRASKA   |                                   |
|  |                                   |
| (if known)   | Check if this is a amended filing |
|  | amended filin                     |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

| Information below.   | What do you intend to do with the preparty that                  | Did you aloim the preparty                             |  |  |
|--|--|--|--|--|
| Identify the creditor and the property that is collateral                        | What do you intend to do with the property that secures a debt?  | Did you claim the property<br>as exempt on Schedule Ca |  |  |
|  |  |  |  |  |
| Creditor's US Bank   | ☐ Surrender the property.  | □ No   |  |  |
| name:  | ☐ Retain the property and redeem it.                             |  |  |  |
| Description of 330185 County Road E  | Retain the property and enter into a<br>Reaffirmation Agreement. | ■ Yes  |  |  |
| property securing debt:  Minatare, NE 69350 Scottsbluff County County Residence: | ☐ Retain the property and [explain]:                             |  |  |  |
| Creditor's Wells Fargo Auto  | ☐ Surrender the property.  | □ No   |  |  |
| name:  | ☐ Retain the property and redeem it.                             |  |  |  |
| Description of 2017 Ford Escape 73000 miles                                      | Retain the property and enter into a<br>Reaffirmation Agreement. | Yes  |  |  |
| property Vehicle: securing debt:   | ☐ Retain the property and [explain]:                             |  |  |  |
|  |  |  |  |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1<br>Debtor 2  |  | Case number (if known)  |
|-----------------------|--|---|
| Lessor's              | 2000   |   |
|                       | ion of leased  | □ No  |
| Property              |  | ☐ Yes   |
| Lessor's              |  | □ No  |
| Property              | ion of leased<br>:   | ☐ Yes   |
| Lessor's              |  | □ No  |
| Property              | ion of leased<br>:   | ☐ Yes   |
| Lessor's              |  | □ No  |
| Property              | ion of leased<br>:   | ☐ Yes   |
| Lessor's              |  | □ No  |
| Property              | ion of leased<br>:   | ☐ Yes   |
| Lessor's              |  | □ No  |
| Property              | on of leased<br>:  | ☐ Yes   |
| Lessor's              |  | □ No  |
| Descripti<br>Property | ion of leased<br>:   | ☐ Yes   |
| Part 3:               | Sign Below   |   |
| Under pe<br>property  | enalty of perjury, I declare that I have indicate that is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal |
| X /s/                 | Taylor Marie Jacobi  | X _/s/ Justin Randall Jacobi  |
| -                     | /lor Marie Jacobi  | Justin Randall Jacobi   |
| Sigi                  | nature of Debtor 1   | Signature of Debtor 2   |
| Dat                   | e <b>November 18, 2019</b>   | Date November 18, 2019  |

| Fill in this info   | ormation to identify your case:   |   |   |                           |                           |                             |                      |                                      |                                 |
|---|---|---|---|---------------------------|---------------------------|-----------------------------|----------------------|--------------------------------------|---------------------------------|
|   |   |   |   |                           | eck one<br>2A-1Sup        |                             | lirected i           | n this form and                      | in Form                         |
| Debtor 1  | Taylor Marie Jacobi   |   |   |                           |                           |                             |                      |                                      |                                 |
| Debtor 2<br>(Spouse, if filing)                                       | Justin Randall Jacobi   |   |   |                           | 1. The                    | ere is no pres              | umption              | of abuse                             |                                 |
|   | s Bankruptcy Court for the: District of N   | ebraska                                 |   |                           | ар                        | plies will be r             | nade und             | der <i>Chapter 7 l</i>               | nption of abuse<br>Means Test   |
| Case numbe  | r   |   |   |                           |                           | alculation (Off             |                      | ,                                    |                                 |
| (if known)  |   |   |   |                           |                           |                             |                      | t apply now be but it could ap       |                                 |
|   |   |   |   |                           | ☐ Ched                    | ck if this is a             | n amen               | ded filing                           |                                 |
| Official  | Form 122A - 1   |   |   |                           |                           |                             |                      |                                      |                                 |
| Chapte  | r 7 Statement of Your   | Curre                                   | nt Monthl   | y Inc                     | ome                       |                             |                      |                                      | 10/1                            |
| attach a separacase number (qualifying milifying milifying 1. What is | e and accurate as possible. If two married pate sheet to this form. Include the line number if known). If you believe that you are exemplary service, complete and file Statement of Calculate Your Current Monthly Incomes your marital and filing status? Check married. Fill out Column A, lines 2-11. | ber to which<br>ted from a<br>Exemption | n the additional info<br>presumption of abu                   | rmation a                 | pplies. O<br>se you do    | n the top of a not have pri | ny addition          | onal pages, writensumer debts of     | e your name and<br>r because of |
|   | ried and your spouse is filing with you   | Fill out b                              | oth Columns A and   | IR lines                  | 2-11                      |                             |                      |                                      |                                 |
| _   | ried and your spouse is NOT filing with   |   |   |                           | 2-11.                     |                             |                      |                                      |                                 |
| _   | ving in the same household and are n  | •                                       |   |                           | lumne A                   | and R lines                 | 2-11                 |                                      |                                 |
| □ Li<br>p   | ving separately or are legally separate enalty of perjury that you and your spous ving apart for reasons that do not include  | ed. Fill out<br>se are lega             | Column A, lines 2-<br>lly separated unde                      | 11; do no<br>r nonban     | t fill out (<br>kruptcy l | Column B. By aw that appli  | checkir<br>es or tha |                                      |                                 |
| 101(10A). F<br>the 6 month  | verage monthly income that you received fi<br>for example, if you are filing on September 15,<br>is, add the income for all 6 months and divide to<br>the the same rental property, put the income fro  | the 6-month<br>the total by 6           | period would be Ma<br>6. Fill in the result. Do               | rch 1 throu<br>not includ | ugh Augus<br>de any inc   | st 31. If the amount m      | ount of your         | ur monthly incom<br>once. For exampl | ne varied during<br>le, if both |
| ·   |   |   | ·   |                           | Column<br>Debtor          | A                           | Colum                | nn B                                 |                                 |
|   | ross wages, salary, tips, bonuses, ove deductions).   | rtime, and                              | commissions (b  | efore all                 | \$                        | 4,033.33                    | \$                   | 3,258.10                             |                                 |
|   | <b>y and maintenance payments.</b> Do not i B is filled in.   | nclude pay                              | ments from a spo  | use if                    | \$                        | 0.00                        | \$                   | 0.00                                 |                                 |
| of you of<br>from an<br>and roo<br>filled in.                         | ounts from any source which are reguled by your dependents, including child sugarners of your hour mates. Include regular contributions from Do not include payments you listed on li   | upport. Incusehold, your a spous ne 3.  | clude regular contribut dependents, pa<br>se only if Column E | butions<br>rents,         | \$                        | 0.00                        | \$                   | 0.00                                 |                                 |
| 5. Net inc  | ome from operating a business, profe  | ssion, or f                             | arm Debtor 1  |                           |                           |                             |                      |                                      |                                 |
| Cr000 r   | o ocieta (hoforo all doductiona)  | \$                                      | 38.28   |                           |                           |                             |                      |                                      |                                 |
|   | eceipts (before all deductions) y and necessary operating expenses  | -\$                                     | 0.00  |                           |                           |                             |                      |                                      |                                 |
| Net mor   | onthly income from a business,  | \$                                      |   | Copy<br>here ->           | \$                        | 38.28                       | \$                   | 0.00                                 |                                 |
| •   | ome from rental and other real proper   | t <b>y</b>                              |   |                           |                           |                             |                      |                                      |                                 |
|   | • •   |   | Debtor 1  |                           |                           |                             |                      |                                      |                                 |
| Gross re  | eceipts (before all deductions)   |   | 0.00  |                           |                           |                             |                      |                                      |                                 |
|   | y and necessary operating expenses  | -(                                      |   |                           | •                         |                             | •                    | 0.00                                 |                                 |
| Net mor   | nthly income from rental or other real pro  | perty \$                                | 0.00 Copy   | here ->                   | \$                        | 0.00                        | \$                   | 0.00                                 |                                 |

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

0.00

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| Debto |   |  |   | Case numbe               | r (if known) |                              |             |                |
|-------|---|--|---|--------------------------|--------------|------------------------------|-------------|----------------|
|       |   |  |   | Column A Debtor 1        |              | Column E Debtor 2 non-filing | or          |                |
| 8.    | Unemployment compensation   |  |   | \$                       | 0.00         | \$                           | 0.00        |                |
|       | Do not enter the amount if you contend that the amou the Social Security Act. Instead, list it here:  | nt received was a bene   | fit under                                     |                          |              |                              |             |                |
|       | For you   | \$0.   | 00  |                          |              |                              |             |                |
|       | For your spouse   |  | 00  |                          |              |                              |             |                |
| 9.    | Pension or retirement income. Do not include any a benefit under the Social Security Act. Also, except as not include any compensation, pension, pay, annuity, United States Government in connection with a disabidisability, or death of a member of the uniformed serv pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than cha | stated in the next sente<br>or allowance paid by th<br>lity, combat-related inju<br>ices. If you received and<br>pay only to the extent<br>bu would otherwise be e | nce, do<br>e<br>ry or<br>y retired<br>that it | \$                       | 0.00         | \$                           | 0.00        |                |
| 10.   | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hid domestic terrorism; or compensation, pension, pay, all United States Government in connection with a disability, or death of a member of the uniformed serv sources on a separate page and put the total below.   | Security Act; payments<br>umanity, or internationa<br>nnuity, or allowance pai<br>lity, combat-related inju  | or<br>I or<br>d by the<br>ry or               |                          |              |                              |             |                |
|       | ·   |  |   | \$                       | 0.00         | \$                           | 0.00        |                |
|       |   |  |   | \$                       | 0.00         | \$                           | 0.00        |                |
|       | Total amounts from separate pages, if any.  |  | +   | \$                       | 0.00         | \$                           | 0.00        |                |
| 11.   | Calculate your total current monthly income. Add leach column. Then add the total for Column A to the t   |  | \$  | 4,071.61                 | + _          | 3,258.10                     | = \$        | 7,329.71       |
| Part  | •   |  |   |                          |              |                              | income      | irrent monthly |
| 12.   | Calculate your current monthly income for the year  | r. Follow these steps:   |   |                          |              |                              |             |                |
|       | 12a. Copy your total current monthly income from line   | 11   |   | Сор                      | y line 11    | here=>                       | \$          | 7,329.71       |
|       | Multiply by 12 (the number of months in a year)   |  |   |                          |              |                              | x 1         | 2              |
|       | 12b. The result is your annual income for this part of t  | he form  |   |                          |              | 12                           | 2b. \$8     | 7,956.52       |
| 13.   | Calculate the median family income that applies to  | you. Follow these step   | os:   |                          |              |                              |             |                |
|       | Fill in the state in which you live.  | NE   |   |                          |              |                              |             |                |
|       | Fill in the number of people in your household.   | 4  |   |                          |              |                              |             |                |
|       | Fill in the median family income for your state and size<br>To find a list of applicable median income amounts, go<br>for this form. This list may also be available at the bar   | o online using the link s  | pecified                                      | in the separa            | ate instruc  | tions 13                     | 3. \\$9     | 3,746.00       |
| 14.   | How do the lines compare?   |  |   |                          |              |                              |             |                |
|       | 14a. Line 12b is less than or equal to line 13.   | On the top of page 1, ch   | neck box                                      | 1, There is              | no presun    | nption of abu                | ıse.        |                |
|       | Go to Part 3.  14b.  Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i> Go to Part 3 and fill out Form 122A-2.   |  |   |                          |              |                              |             |                |
| Part  |   |  |   |                          |              |                              |             |                |
|       | By signing here, I declare under penalty of perjui  | ry that the information o  | n this sta                                    | atement and              | in any att   | achments is                  | true and co | rrect.         |
|       |   |  |   |                          | -            |                              |             |                |
|       | X /s/ Taylor Marie Jacobi Taylor Marie Jacobi   |  |   | in Randall<br>Randall Ja |              |                              |             |                |
|       | Signature of Debtor 1   |  |   | e of Debtor 2            |              |                              |             |                |

| Debtor 1<br>Debtor 2 | Taylor Marie Jacobi<br>Justin Randall Jacobi            |                    | Case number (if known) |  |
|----------------------|---|--------------------|------------------------|--|
| Dat                  | November 18, 2019 MM / DD / YYYY                        | _                  | November 18, 2019      |  |
|                      | If you checked line 14a, do NOT fill out or file Form 1 | 122A-2.            |                        |  |
|                      | If you checked line 14b, fill out Form 122A-2 and file  | it with this form. |                        |  |

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Debtor 1 Taylor Marie Jacobi
Debtor 2 Justin Randall Jacobi

Case number (if known)

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period **05/01/2019** to **10/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer**: **IPlanIt LLC** Constant income of \$4,033.33 per month.\*

### Line 5 - Income from operation of a business, profession, or farm

Source of Income: Usborne & Kane Miller Books

Income/Expense/Net by Month:

|               | Date               | Income   | Expense                     | Net      |
|---------------|--------------------|----------|-----------------------------|----------|
| 6 Months Ago: | 05/2019            | \$109.48 | \$0.00                      | \$109.48 |
| 5 Months Ago: | 06/2019            | \$0.00   | \$0.00                      | \$0.00   |
| 4 Months Ago: | 07/2019            | \$8.99   | \$0.00                      | \$8.99   |
| 3 Months Ago: | 08/2019            | \$17.49  | \$0.00                      | \$17.49  |
| 2 Months Ago: | 09/2019            | \$1.25   | \$0.00                      | \$1.25   |
| Last Month:   | 10/2019            | \$92.46  | \$0.00                      | \$92.46  |
| _             | Average per month: | \$38.28  | \$0.00                      |          |
|               | <u></u>            |          | Average Monthly NET Income: | \$38.28  |

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Debtor 1 Taylor Marie Jacobi
Debtor 2 Justin Randall Jacobi

Case number (if known)

### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 05/01/2019 to 10/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer**: **GW Grinding** Constant income of **\$3,258.10** per month.\*

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Debtor 1 Debtor 2 Taylor Marie Jacobi

Debtor 2 Justin Randall Jacobi

Case number (if known)

### \*Paycheck Details:

#### **IPlanIt LLC**

| Date       | Earnings  | Overtime | Taxes    | Other  | Net Check |
|------------|-----------|----------|----------|--------|-----------|
| 2019-05-10 | 1,600.00  | 0.00     | 347.85   | 50.00  | 1,202.15  |
|            | •         |          |          |        | •         |
| 2019-05-24 | 1,600.00  | 0.00     | 347.57   | 50.00  | 1,202.43  |
| 2019-06-10 | 1,600.00  | 0.00     | 347.85   | 50.00  | 1,202.15  |
| 2019-06-21 | 2,360.00  | 0.00     | 611.83   | 114.02 | 1,634.15  |
| 2019-07-05 | 1,600.00  | 0.00     | 347.85   | 50.00  | 1,202.15  |
| 2019-07-19 | 1,400.00  | 0.00     | 295.36   | 50.00  | 1,054.64  |
| 2019-08-02 | 2,200.00  | 0.00     | 553.85   | 50.00  | 1,596.15  |
| 2019-08-16 | 1,600.00  | 0.00     | 347.84   | 50.00  | 1,202.16  |
| 2019-08-30 | 1,720.00  | 0.00     | 379.90   | 0.00   | 1,340.10  |
| 2019-09-13 | 1,900.00  | 0.00     | 445.12   | 50.00  | 1,404.88  |
| 2019-09-27 | 3,220.00  | 0.00     | 926.40   | 50.00  | 2,243.60  |
| 2019-10-11 | 1,600.00  | 0.00     | 347.84   | 50.00  | 1,202.16  |
| 2019-10-25 | 1,800.00  | 0.00     | 408.89   | 50.00  | 1,341.11  |
| Totals:    | 24,200.00 | 0.00     | 5,708.15 | 664.02 | 17,827.83 |

### **GW Grinding**

| Date       | Earnings  | Overtime | Taxes    | Other | Net Check |
|------------|-----------|----------|----------|-------|-----------|
| 2019-05-13 | 1,224.50  | 0.00     | 262.63   | 0.00  | 961.87    |
| 2019-05-27 | 1,213.19  | 0.00     | 260.07   | 0.00  | 953.12    |
| 2019-06-10 | 1,348.50  | 0.00     | 295.14   | 0.00  | 1,053.36  |
| 2019-06-24 | 1,652.77  | 0.00     | 374.48   | 0.00  | 1,278.29  |
| 2019-07-07 | 1,689.50  | 0.00     | 386.70   | 0.00  | 1,302.80  |
| 2019-07-22 | 1,423.83  | 0.00     | 314.89   | 0.00  | 1,108.94  |
| 2019-08-05 | 1,236.90  | 0.00     | 265.34   | 0.00  | 971.56    |
| 2019-08-19 | 1,545.51  | 0.00     | 346.21   | 0.00  | 1,199.30  |
| 2019-09-02 | 1,679.43  | 0.00     | 383.28   | 0.00  | 1,296.15  |
| 2019-09-16 | 1,492.96  | 0.00     | 332.72   | 0.00  | 1,160.24  |
| 2019-09-30 | 1,801.41  | 0.00     | 427.65   | 0.00  | 1,373.76  |
| 2019-10-14 | 1,464.44  | 0.00     | 325.66   | 0.00  | 1,138.78  |
| 2019-10-28 | 1,775.68  | 0.00     | 417.97   | 0.00  | 1,357.71  |
| Totals:    | 19,548.62 | 0.00     | 4,392.74 | 0.00  | 15,155.88 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** District of Nebraska

| In re | Taylor Marie Jacobi<br>Justin Randall Jacobi  |  | Case No                                    |   |
|-------|---|--|--|---|
|       |   | Debtor(s)                                | Chapter                                    | 7   |
| C     | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. From pensation paid to me within one year before the rendered on behalf of the debtor(s) in contempts. | he filing of the petition in bankruptcy, | ey for the above na<br>or agreed to be pai | umed debtor(s) and that<br>d to me, for services rendered or to |
| ι     | For legal services, I have agreed to accept   | ration of of in connection with the bank | stupicy case is as i                       | 1,450.00  |
|       | Prior to the filing of this statement I have rec  | eived                                    | s  | 1,450.00  |
|       | Balance Due   |  | \$   | 0.00  |

- 2. \$ **335.00** of the filing fee has been paid.
- 3. The source of the compensation paid to me was:
  - Debtor ☐ Other (specify):
- 4. The source of compensation to be paid to me is:
  - Debtor ☐ Other (specify):
- 5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
  - ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: 6.

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

All services, except those identified in paragraph 7 below, that are reasonably contemplated to achieve the debtor's bankruptcy objectives including but not limited to:

- (1) File the certificate required from the individual debtor from an approved nonprofit budget and credit counseling agency for prepetition credit counseling:
- (2) Preparation and filing of all locally required forms;
- (3) Representation of the debtor at the § 341 meeting;
- (4) Amend any list, schedule, statement, and/or other document required to be filed with the petition as may be necessary or appropriate;
- (5) Motions under § 522(f) to avoid liens on exempt property;
- (6) Motions, such as motions for abandonment, or proceedings to clear title to real property owned by the debtor;
- (7) Advise the debtor with respect to any reaffirmation agreement; negotiate, prepare and file reaffirmation agreements if in the best interest of the debtor; and attend all hearings scheduled on any reaffirmation agreement signed by the debtor;
- (8) Removal of garnishments or wage assignments;
- (9) Negotiate, prepare and file reaffirmation agreements;
- (10) Motions under § 722 to redeem exempt personal property from liens;
- (11) Compile and forward to the trustee and the United States trustee any documents and information requested:
- (12) Consult with the debtor and if there is a valid defense or explanation, respond to a motion for relief from the automatic stay;
- (13) File the debtor's certification of completion of instructional course concerning financial management (Official Form 423); and
- (14) Disclose any agreement and fee arrangement regarding the potential retention of co-counsel.
- By agreement with the debtor(s), the above-disclosed fee does not include the following service: 7.

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

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| In re | Taylor Marie Jacobi<br>Justin Randall Jacobi | Case No. |
|-------|--|----------|
|       | Debtor(s)                                    |          |

### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

|  | CERTIFICATION   |
|--|---|
| I certify that the foregoing is a complete statement this bankruptcy proceeding. | ent of any agreement or arrangement for payment to me for representation of the debtor(s) |
| November 18, 2019  | /s/ Owen Hathaway   |
| Date   | Owen Hathaway   |
|  | Signature of Attorney   |
|  | Deighan Law LLC   |
|  | 135A W. Swallow Rd.   |
|  | Suite 1   |
|  | Fort Collins, CO 80525  |
|  | 970-818-3052 Fax: 970-360-7028  |
|  | owen@ohlawcolorado.com  |
|  | Name of law firm  |

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### United States Bankruptcy Court District of Nebraska

| In re   | Taylor Marie Jacobi<br>Justin Randall Jacobi |  | Case No.                              |
|---------|--|--|---------------------------------------|
|         |  | Debtor(s)                                      | Chapter 7                             |
|         | VERIF  | ICATION OF CREDITOR N                          | MATRIX                                |
| The abo | ove-named Debtors hereby verify that         | the attached list of creditors is true and co. | rrect to the best of their knowledge. |
| Date:   | November 18, 2019                            | /s/ Taylor Marie Jacobi                        |                                       |
|         |  | Taylor Marie Jacobi                            |                                       |
|         |  | Signature of Debtor                            |                                       |
| Date:   | November 18, 2019                            | /s/ Justin Randall Jacobi                      |                                       |
|         |  | Justin Randall Jacobi                          |                                       |
|         |  | Signature of Debtor                            |                                       |

Alpine Credit Inc 12191 W. 64th Ave Suite 210 Arvada, CO 80004

American Express Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bank of America P.O. Box 982238 El Paso, TX 79998

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Citibank Attn: Recovery/Centralized Bankruptcy P.O. Box 790034 St Louis, MO 63179

Discover Financial Attn: Bankruptcy Department P.O. Box 15316 Wilmington, DE 19850

LendingClub Attn: Bankruptcy 595 Market St, Ste 200 San Francisco, CA 94105

Medica P.O. Box 9310 Mail Stop CW299 IFB Minneapolis, MN 55440 Navient Attn: Bankruptcy P.O. Box 9640 Wilkes-Barre, PA 18773

Orthopaedic Center of the Rockie 2500 East Prospect Rd Fort Collins, CO 80525

PayPal/ Synchrony Bank P.O. Box 965005 Orlando, FL 32896

Rocky Mountain Pediatric Urology 1601 E 19th Ave Suite 6400 Denver, CO 80218

Synchrony Bank/Gap Attn: Bankruptcy Dept P.O. Box 965060 Orlando, FL 32896

US Anesthesia Partners of Colorado P.O. Box 1018 New York, NY 10276

US Bank Attn: Bankruptcy 800 Nicollet Mall Minneapolis, MN 55402

US Bank/RMS CC Attn: Bankruptcy P.O. Box 5229 Cincinnati, OH 45201

Wells Fargo Auto Attn: Bankruptcy P.O. Box 19657 Irvine, CA 92623

Western States Bank 1425 10th Street Gering, NE 69356 World's Foremost Bank Attn: Bankruptcy 4800 Nw 1st St Lincoln, NE 68521